#### DOCUMENT RESUME

ED 074 955

AUTHOR Boone, Jerry N.; Woods, Myra S.

TITLE Medical Education for Tennessee. A Report of the

Tennessee Higher Education Commission.

INSTITUTION Tennessee Higher Education Commission, Nashville.

PUB DATE 71
NOTE 100p.

EDRS PRICE MF-\$0.65 HC-\$3.29

DESCRIPTORS Health Occupations Education; \*Higher Education;

\*Manpower Needs; \*Medical Education; Medical Schools;

HE 003 932

Medicine: \*Physicians: \*Statewide Planning

#### ABSTRACT

This study of medical education was conducted as a part of the Tennessee Higher Education Commission's responsibility to design a master plan for higher education in Tennessee. It provides a background of information on Tennessee's needs for physicians and on the production of physicians by the three medical schools in the state. The study examines the need for additional medical education at both undergraduate and graduate levels and analyzes the question of whether Tennessee needs another medical school. It is not concerned with details of curriculum, except as these may have an effect on the supply of physicians. Instead, it concentrates on the broader public policy question of providing necessary training programs. The study assumes that whatever changes and expansion takes place, the curricula and programs will be operated at a high level of quality. (Author)

FILMED FROM BEST AVAILABLE COPY **MEDICAL EDUCATION** FOR ED 074955 TENNESSEE TENNESSEE HIGHER **EDUCATION COMMISSION** US DEPARTMENT OF HEALTH.
EDUCATION & WELFARE
OFFICE OF EDUCATION
DUCED. EXACTLY AS RECEIVED FROM
INTERPERSON OR ORGANIZATION ORIG.
REPRESON OF ORGANIZATION ORIG.
REPRESENT OFFICIAL OFFICE OF EDU.
CATION POSITION OR POLICY. 1971

### MEDICAL EDUCATION FOR TENNESSEE

#### A Report of the Tennessee Higher Education Commission

By

Jerry N. Boone and Myra S. Woods

Winfield Dunn, Governor

#### Tennessee Higher Education Commission

Walter Armstrong, Jr.

T. B. Boyd, Jr.

E. Bruce Fosser, Sr.

Mrs. Sarah Elizabeth Hawkins

John M. Jones

Roland H. Myers

Scott Probasco, Jr.

Glenn Rainey

John R. Long, Chairman

Chester Kirkendoll (resigned—August 1, 1970)

Al Clark Mifflin, Jr. (deceased — November 15, 1970)

John K. Folger, Executive Director

February, 1971



## TABLE OF CONTENTS

ist of Figures	j
ist of Tables	ii
ist of Appendixed Tables	iii
ntroduction	1
hemes	
indings	
Physician Manpower	4
Undergraduate Medical Education	19
Graduate Medical Education	31
onclusions	34
ecommendations	44
ppendix	45



## LIST OF FIGURES

Figure	No.	Title	Page No.
.1		Ratio of Physicians Per 100,000 Population, 1967	5
2		Percentage Distribution of Physicians by Type of Practice in the U.S. and Tennessee, 1967	6
3		Number of Physicians Registered in Tennessee Counties, 1970	8
4		Population Per Physician in Tennessee Counties, 1970	9
5		Percentage of Physicians Who Are General Practitioners in Tennessee by Geographical Region, 1970	. 10
6	. 1	Percentage of the Physicians Who Are General Practitioners in Urban and Rural Counties of Tennessee, 1970	. 11
7		Percentage of Physicians Who Are Board Certified in Tennessee by Geographical Region	
8		Percentage of Physicians Who Are Board Certified in Tennessee's Metropilitan Areas	
9		Actual and Projected Number of Active Physicians in Tennessee to 1980	. 17
10		In-State Admissions to Public and Private Medica Schools, 1960-68	. 23
11		Spaces Needed for Tennesse: Medical Students in all Medical Schools: Projections to 1990	. 25
12		Spaces Needed for Tennessee Medical Students in Tennessee Medical Schools: Projections to 1990	
13		UT Medical School Graduates in Four Selected Years: Their Home State and Current Place Practice	1000



## LIST OF TABLES

Table	Title	Page No.
<b>A</b>	Physicians Engaged in Primary Patient Care in Tennessee, 1970	. 12
В	First-Year Medical Students Enrolled in Tennessee Medical Schools	. 21
C	Average MCAT Score for Enrolled Students in Tennessee Medical Schools, 1964-68	. 21
D	Graduates of the Tennessee Medical Schools By Location of Practice, as of 12/31/67	. 27
<b>E</b>	Per Student Appropriations in Medical Schools of Five Southeastern States, 1969-70	. 30
F	Internship and Residency Positions Offered, as of July 1, 1970	. 31



## LIST OF APPENDIXED TABLES

Table No.	Title Pe	age No
1	Number of Physicians and Physician-Population Ratios In The Southeastern United States, 1963 and 1967	l
2	State Population, Physician-Population Ratios, and Per Capita Personal Income in Terms of State Ranking	
3	Percentage Distribution of Physicians By Type of Practice in the U.S. and Tennessee, 1967	
4	Number of Physicians Registered in Tennessee Counties, 1961-70	
. • * <b>. 5</b>	Distribution of Physicians in Tennessee By Geographical Region, 1961-70	54
6	Physicians Registered in Tennessee, 1970	55
7	Percentage Increase in the Number of Registered Physicians in Tennessee, 1961 to 1970	
8	Number of Physicians, Hospital Beds, Population and Per Capita Personal Income in Tennessee Counties, 1968	
9	Physicians Practicing in Tennessee by Area of Specialization and Board Certification	60
10	New Medical Licenses Issued, 1961 and 1968	1.5
11	Age Distribution of Physicians in 1967	62
12	Projected Number of Active Physicians in Tennessee and the Number Which Must Be Replaced Due to Deaths to 1980	
13	Physicians in Tennessee Who Were Born in Tennessee	64
14	Physicians in Tennessee Who Graduated From a Tennessee Medical School	65

Table No	. Title	Page	No.
15	Physicians in Tennessee Who Took Their Interns Training in Tennessee		S
16	Physicians in Tennessee Who Took Their Resider Training in Tennessee	ncy 67	7.
17	Enrollment in Medical Colleges of the Southeast	68	;
18	Enrollment in Approved Medical Schools of the United States by State, 1968-69	70	)·         .
19	Ratio of Entering Medical Students to Populati To Bachelor's Degrees Awarded, and Per Cap Personal Income Ranking by State, 1968-69	ita	
20	Graduates From Southeastern Medical Schools	72	
21	Graduates of Medical Schools by State With Ra Orders for Per Capita Income and Population 1968-69	nk on, 73	
22	Medical School Graduates Per Million Population 1968-69	on, 75	
23	Ratio of Entering Medical Students To Population To Bachelor's Degrees Awarded, and Per Capitersonal Income Ranking by State, 1968-69	ita	
24	Applications to Tennessee Medical Schools By Ty of Admission Action, 1964-65 through 1968-69	pe	
25	Geographical Source of Entering Medical Studen In the Southeastern States, 1960-69	nts 81	
26	Geographical Source of Entering Medical Studen From Southeastern States, 1968-69	nts 82	
27	Acceptance of Tennessee Residents in All Medic Schools	al 83	
28	Applications of Tennessee Residents to all Medic Schools, 1960-68	al 83	
	Tennessee Applicants to Tennessee Medical Schoolin 1968-69 Who Enrolled in Tennessee Medic Schools in 1968-69 or Were Accepted for 1969-70.	al	4. A 9-1. Aug 180



Table No.	Title Pa	ge No
30	Tennessee Applicants to Tennessee Medical Schools in 1968-69 Who Were Accepted by Out-of-State Medical Schools	85
31	Tennessee Applicants to Tennessee Medical Schools in 1968-69 Who Were Accepted Neither By a Tennessee School Nor By an Out-of-State Medical School	85
32	Total Tennessee Applicants (1968-69) Who Did Not Enter Medical School By Average MCAT Score	86
33	Projected Number of Tennesseans Applying to Medical School and Projected Tennesseans Accepted By Medical Schools Based Upon Total Live Births 22 Years Earlier	
34	Projected Number of Tennessee Applicants to all Medical Schools and Admitted to Tennessee Schools Based on Bachelor's Degrees Awarded in Tennessee and the United States	
35	Retention for Practice of Physicians Educated In the State, as of 12/31/67	89
36	Gain or Loss in Licentiates of 1968 as Compared With the Entering Class of 1963	
37	Internships and Residencies Offered and Filled in the Southeastern States, 1968-69	92
38	Average Beginning Salaries of Interns and Residents, 1969	92
39	Retention of In-State Medical Graduates for Internship and Residency Positions in the Southeastern States, 1968	93

#### INTRODUCTION

This study of medical education was conducted as a part of the Tennessee Higher Education Commission's responsibility to design a master plan for higher education in Tennessee. It provides a background of information on Tennessee's needs for physicians and on the production of physicians by the three medical schools in the state. The study examines the need for additional medical education at both undergraduate and graduate levels and analyzes the question of whether Tennessee needs another medical school. It is not concerned with details of curriculum, except as these may have an effect on the supply of physicians. Instead, it concentrates on the broader public policy question of providing necessary training programs. The study assumes that whatever changes and expansion takes place, the curricula and programs will be operated at a high level of quality.

The study was carried out by the staff of the Commission with the guidance of three consultants: Dr. Edmund D. Pellegrino, Vice President for Health Sciences at the State University of New York at Stony Brook; Dr. Vernon W. Lippard, Assistant to the President for Medical Development at Yale University; and Dr. Stanley W. Olson, President of the Southwest Foundation for Research and Education in San Antonio, Texas.

Many people who are concerned about medical education participated and advised the staff of the Commission throughout the study. Representatives of a number of agencies helped in conducting the study and gathering information. Among those agencies are the following: Tennessee Department of Public Health, Tennessee Medical Association, Tennessee Academy of General Practice, American Medical Association, Association of American Medical Colleges, Tennessee Hospital Association, Appalachian Regional Center for the Healing Arts, Meharry Medical College, University of Tennessee, Vanderbilt University, Tennessee Mid-South Regional Medical Program, and Memphis Regional Medical Program.

The study was begun in October, 1969. A preliminary outline was discussed with representatives of the medical schools, the Tennessee Department of Public Health, and the Tennessee Medical Association. Three medical educators were selected as consultants concerning the design of the study and its interpretation. They examined the preliminary data and came to the state for conferences in Memphis and Nash-

ville with representatives of the medical schools and others. The consultants made suggestions as to additional information needed. As the information was being gathered by the Tennessee Higher Education Commission's staff, there were numerous opportunities for discussing the status of medical education and Tennessee's needs for physicians with interested persons throughout the state. The three consultants returned after reviewing all accumulated information and advised the staff in interpretation and recommendations.

Recommendations and conclusions from the study were presented to the Tennessee Higher Education Commission and approved at their meeting on December 14, 1970. This report presents first a set of *Themes* which emerge from the study and which are discussed later in the report. Next the *Findings* section provides detailed answers to questions concerning physician manpower and education. Those detailed findings are interpreted in the *Conclusions* section and suggestions concerning medical education are discussed in depth. The *Recommendations* section contains a brief summary of all recommendations. Finally, the *Appendix* presents the detailed statistical information on which the report is based.

#### **THEMES**

- 1. Tennessee is not as well supplied with physicians as is the nation as a whole, but is better supplied than most of the other Southeastern states.
- 2. The physician shortage in Tennessee is not due to lack of training for doctors, but to our inability to keep those who are trained here.
- 3. There is not a need for another medical school in Tennessee, neither as a means of increasing the supply of physicians nor to accommodate Tennessee students.
- 4. There is a need for better retention of doctors educated in Tennessee and for a better distribution of doctors within the state.
- 5. The state's first priority in medical education must be the support of a high quality program at the University of Tennessee College of Medicine.
- 6. Clinical training centers should be developed in East Tennessee to provide the final phase of medical training for some students from the University of Tennessee College of Medicine. These centers should also strengthen residency and internship training and continuing education in their service areas.
- 7. The state should contract with Vanderbilt University and Meharry Medical College to provide medical education for a limited number of additional Tennessee students.



3

#### PHYSICIAN MANPOWER

What Is The Present Supply Of Physicians In Tennessee?

A common indicator of the supply of physicians in an area is the number of physicians per 100,000 population. In 1967 there were 145 active physicians per 100,000 population in the United States. In the same year, there were 113 per 100,000 in the Southeastern states and 119 per 100,000 in Tennessee. (Figure 1 and Appendix Table 1) Not all of these physicians were in private practice. There were 135 in private practice per 100,000 population in the nation as a whole, 106 in the Southeastern states, and 110 in Tennessee. Among the Southeastern states only two had a better supply of physicians in private practice than did Tennessee; those were Florida and Virginia. While only 29 states had a better physician-population ratio, Tennessee ranked 46th in per capita income. Among the 16 states which were wealthier than Tennessee and yet had a poorer supply of physicians were three Southeastern states: Georgia, Kentucky, and North Carolina. (Appendix Table 2)

In Tennessee, as in the rest of the nation, most of the physicians are engaged in the practice of a specialty rather than a general or family practice. (Figure 2 and Appendix Table 3) In 1967, 22.3% of Tennessee physicians were engaged in general practice as compared with 22.5% in the nation as a whole. Only in the surgical specialties was there much difference between Tennessee and the rest of the nation; 31.6% of Tennessee's physicians were engaged in a surgical specialty as compared with only 26.8% of those in the nation as a whole.

How Are Physicians In Tennessee Distributed Across The State?

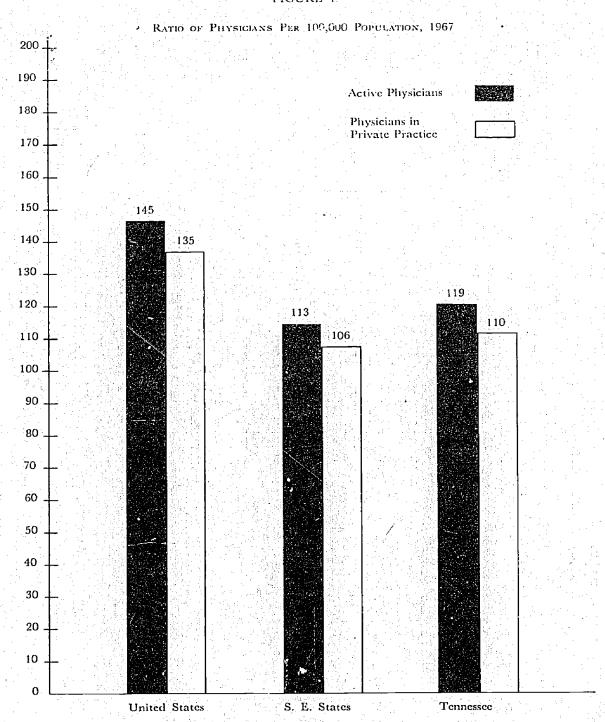
Although the state of Tennessee as a whole is supplied relatively well with physicians in comparison with other Southeastern states, there are some parts of Tennessee which are much better off than others. (Appendix Tables 4 and 5) In 1970 there were seven counties in which no

The year 1967 is the most recent for which comparable counts are available,



The count of physicians in an area is often confusing. There are several sources of these counts and these usually do not agree. These are: (1) the Physicians Record Computer tape of the American Medical Association, listing all physicians known to reside in Tennessee regardless of association membership or licensure status, (2) Membership of the Tennessee Medical Association and the Volunteer State Medical Association, and (3) the registry of those licensed to practice medicine by the Tennessee Healing Arts Board, which does not include some inactive physicians and some who work for an agency where licensure is not required. It has been necessary in this report to use more than one source for the number in Tennessee in order to allow comparison with other states for which only a particular count was available. The sources used at different points in the report are documented.

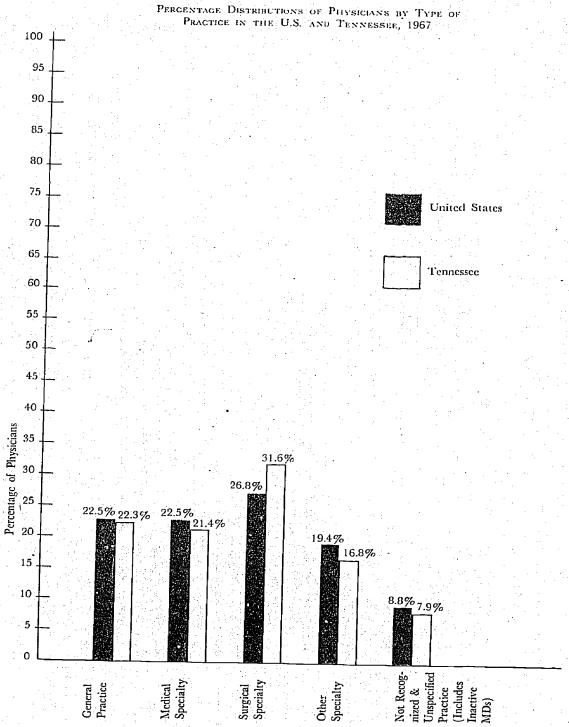
FIGURE 1



Source: C. N. Theodore and J. N. Haug, Selected Characteristics of the Physician Population, 1963 and 1967. Chicago: American Medical Association, 1968.



FIGURE 2



Source: C. N. Theodore and J. N. Haug, Selected Characteristics of the Physician Population, 1963 and 1967. Chicago: American Medical Association, 1968.



more than one physician practices and thirteen in which no more than two practice. This pattern has not changed significantly in the past decade. In 1970 there were eight Tennessee counties in which there were more than 5,000 persons for each physician, while there were nine counties with fewer than 1,000 persons per physician. (Figures

Most of Tennessee's physicians are in the metropolitan areas. Davidson County has the most favorable ratio with 185 physicians per 100,000 population; Shelby County has 166 per 100,000; Knox County, 149; and Hamilton County, 142. There is also a difference in the physician-population ratio in the various divisions of the state with 126 physicians per 100,000 population in West Tennessee; 101 in Middle Tennessee; 100 in East Tennessee; and 93 in Upper East Tennessee. (Appendix Table 6) The area in which there was the greatest improvement in this ratio in the past decade is West Tennessee, with a 14% increase, while Middle Tennessee has increased 11%; East Tennessee, 9%; and Upper East Tennessee, 9%. (Appendix Table 7) There is a direct relationship between a county's supply of physicians-and-availability of hospital facilities, population, and to a lesser extent per capita income. (Appendix Table 8) It is the citizens of the less populated, less wealthy counties which have poorest access to physicians and hospitals.

#### In What Type of Practice Are Tennessee Physicians Engaged?

Relatively few Tennessee physicians are engaged in general practice and most of these are in parts of the state where physicians are in short supply. Figures 5 and 6 depicit the very uneven distribution of general practitioners in various geographic areas of the state. As would be expected the percentage of physicians who are engaged in general practice is lowest in the metropolitan counties and highest in the rural counties. Only 9% of the Davidson County physicians are general practitioners, while 77% of the physicians in rural counties of Upper East Tennessee (except Sullivan and Washington Counties) are in general practice. (Appendix Table 6) Specialists are heavily concentrated in the counties which contain medical schools: 802 specialists in Shelby County, and 644 in Davidson County. However, the three metropolitan counties which do not have medical schools are well supplied with specialists also: 287 in Knox County, 265 in Hamilton County, and 202 in the Sullivan-Washington County area. Outside of these metropolitan counties, only 19 others in the state have as many as nive specialists in practice.

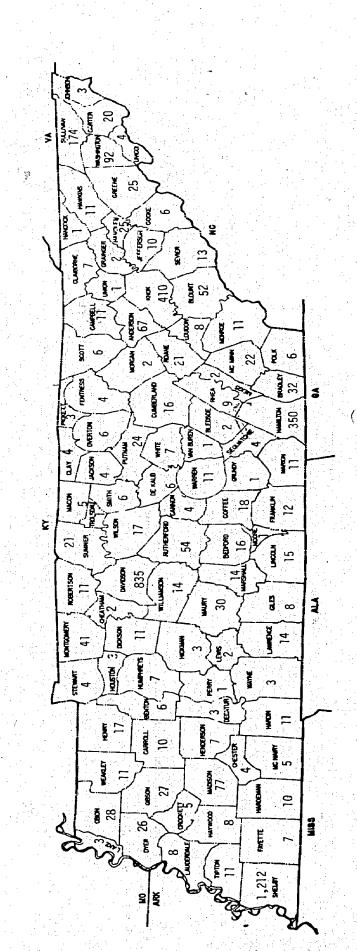
Fewer than half of the physicians in Tennessee have practices which



# ERIC Full Text Provided by ERIC

# FIGURE 3

NUMBER OF PHYSICIANS REGISTERED IN TENNESSEE COUNTIES, 1970



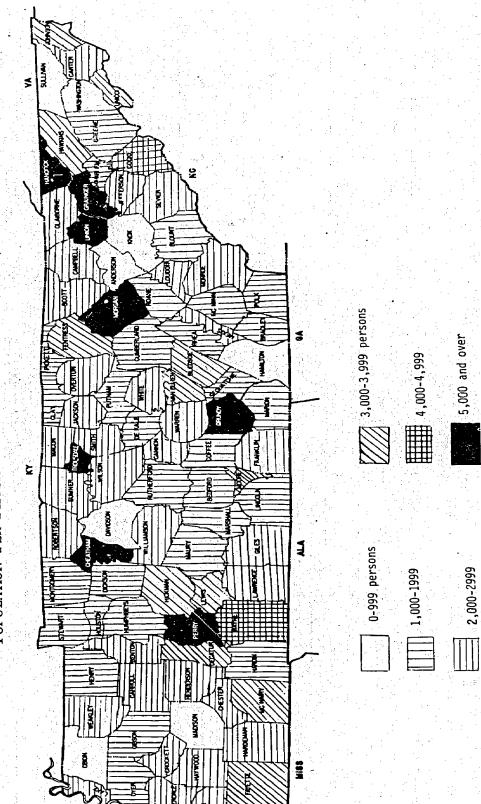
There are a total of 4,176 physicians in Tennessee.

Source: Directory of Doctors of Medicine Registered in Tennessee, State Board for the Healing Arts, May 1, 1970.

ERIC\*

FIGURE 4

POPULATION PER PHYSICIAN IN TENNESSEE COUNTIES, 1970

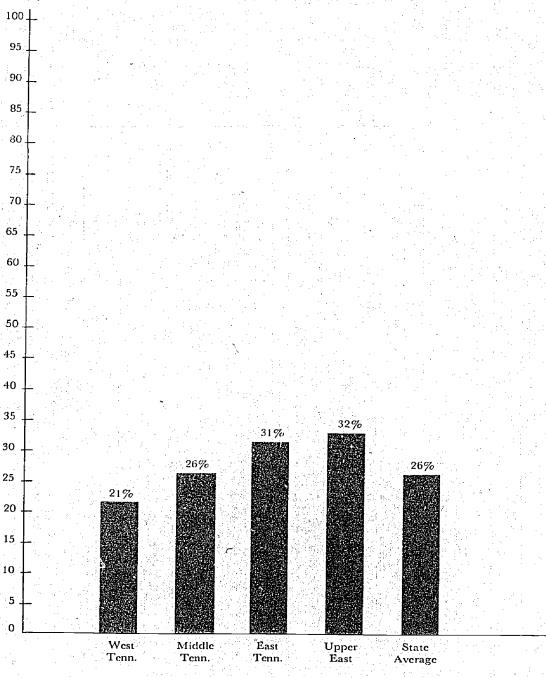


D seem

Source: Directory of Doctors of Medicine Registered in Tennessee, State Board for the Healing Arts, May 1, 1970.

PERCENTAGE OF PHYSICIANS WHO ARE GENERAL PRACTITIONERS IN TENNESSEE BY GEOGRAPHICAL REGION, 1970

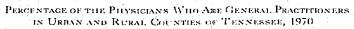
FIGURE 5

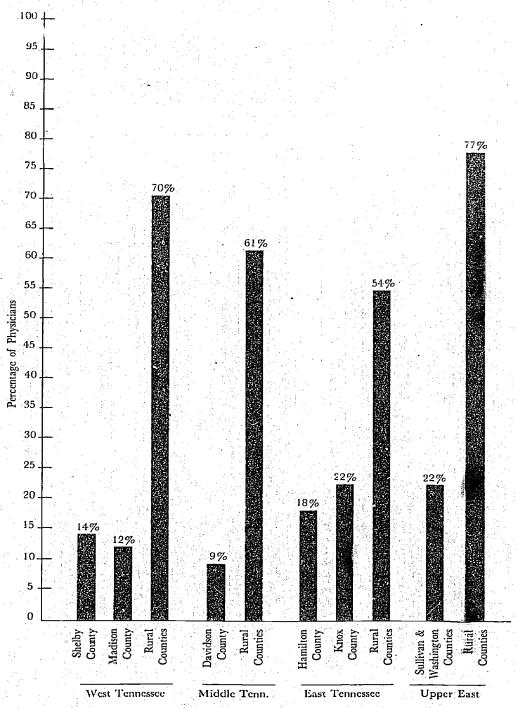


Source: Directory of Doctors of Medicine Registered in Tennessee, State Board for the Healing Arts. May 1, 1970.



FIGURE 6





Source: Directory of Doctors of Medicine Registered in Tennessee, State Board for the Healing Arts. May 1, 1970.

could be referred to a nury patient care", serving as the regular physician for an individual or a family. More of them provide specialized services, generally on referral from another physician. Identifying primary physicians as those in general practice, internal medicine, pediatrics, and obstetrics-gynecology. Table A shows the ratio of these to population in various parts of the state.

TABLE: A

Physicians Engaged in Primary Patient Care
in Tennessee, 1970

Location	No. of MDs Im Primary Patient Care*	Ratio of MDs Per 100,000 Population
West Tennessee Shelby County	411	57
Madison County Other Counties	3 <del>4.</del> 1639	53 41
Total	60)8	52
Middle Tennessee Davidson County Other Counties	27 <b>-</b> 29 <b>-</b>	62 39
Total	57	47
East Tennessee Hamilton County Knox County Other Counties	1 <u>15</u> 1 1652 2338	58 60 41
Total ( )	5 <b>£</b> 1	49
Upper East Tennessee Sullivan County Washington County Other Counties	91 48) 552	73 55 34
Total	183	52
STATE TOTAL	1,96%	50

<sup>\*</sup> This is the number of MDs engaged in general practice, internal medicine, pediatrics, and obstetrics-gynecology.

Source: Directory of Doctors of Medicine Angistered in Tennessee, State Board for the Healing Arts, May 1, 1970.

The supply of primary physicians differs little from one geographic region to another, but persons in urban areas have better access to a physician than do rural residents.

Of 4,906 physicians reported by the AMA as residing in Tennessee in 1970, 1,715 are certified in their area of specialization—35% of the total. While it might be expected that those counties containing medical schools would have the largest percentages of their physicians holding

board certification, this is not the case. In Washington County, with no medical school, 55% of the physicians hold board certification in their specialties. In neighboring Sullivan County, 48% are board certified, and in Madison County 54%, with 43% in both Knox County and Hamilton County. In the two counties which have medical schools, Shelby and Davidson, 37% of the physicians are board certified. (Figures 7 and 8 and Appendix Table 9)

What Increases In Tennessee's Supply Of Physicians Will Be Required?

In 1961 there were 3,519 physicians registered in the state of Tennessee. By 1970, this number had increased to 4,176. While this represented an increase of nearly 19%, it allowed only a 10% improvement in the physician-population ratio due to population growth in the state. (Appendix Table 5) While the 19% increase in the number of physicians in the past nine years would suggest that the outlook for further increase in the future is good, it is noted that these Tennessee increases do not compare favorably with those in other parts of the country. Between 1963 and 1967, the active physician-population ratio in the United States improved by 7.4% and in the Southeast by 9.7%. During the same period, the ratio improved by only 5.3% in Tennessee. (Appendix Table 1)

Apparently the recent growth in the number of physicians in Tennessee is not due to the addition of new licensees. When the number of medical licenses issued in the United States in 1968 is compared with the number issued in 1961, a gain of nearly 22% is seen. However, during the same period, Southeastern states experienced a slight decrease, and Tennessee's decrease (34%) was the greatest in the region. (Appendix Table 10) While fewer physicians are choosing to obtain a Tennessee license in recent years, the increase in numbers suggests that more of those who do obtain the Tennessee license are actually practicing in the state.

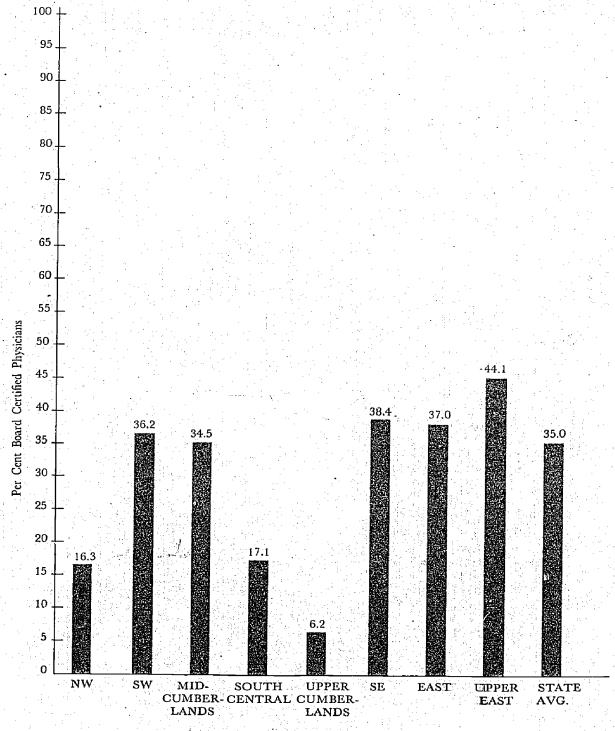
The age of physicians is a factor to be considered in planning for future supply. The median age interval of Tennessee physicians is 40-44 years; the same median age is true of physicians nation-wide and in the Southeast. Only 23% of Tennessee physicians are 55 or older, while 27% of U.S. physicians are that old. (Appendix Table 11) Replacements for those who will die or retire must be considered when planning an increase in the state's supply of physicians. Approximately 2.3% of Tennessee physicians die each year. (Appendix Table 12) If Tennessee were

The count of physicians used here differs from the count shown above. It represents those who hold Tennessee licenses.



FIGURE 7

Percentage of Physicians Who Are Board Certified in Tennessee by Geograf deal Region

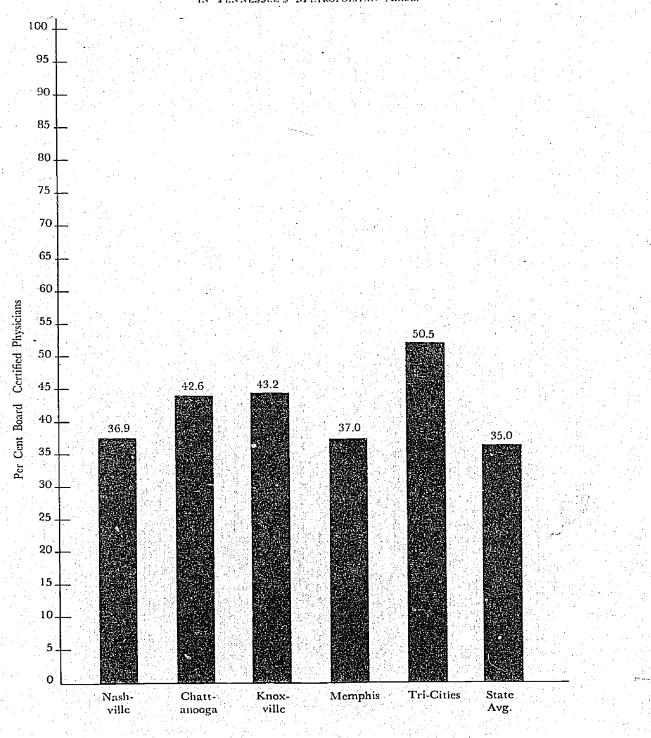


Source: American Medical Association Physicians Record Tape, 1970



FIGURE 8

PERCENTAGE OF PHYSICIANS WHO ARE BY ORD CERTIFIED IN TENNESSEE'S METROPOLITAN AREAS



Source: American Medical Association Physicians Record Tape, 1970



to achieve by 1980 the 1967 nation-wide physician-population ratio, it would be necessary to have 2,000 more than were in the state in 1967. Furthermore, some 1,400 will die and must be replaced during the 1970's, requiring the actual addition of 3,400 physicians to reach the supply which was average for the nation in 1967. Figure nine shows the number of physicians we might expect to have in Tennesce during the next ten years, assuming that the present rate of increase continues. It is seen that we would still be short of the 1980 goal.

What Factors Influence Physicians To Practice In Tennessee?

In a comprehensive study ten years ago, Weiskotten analyzed the characteristics of medical college graduates between 1915 and 1950 in terms of their distribution throughout the country. He pointed up several factors as being influential in a physician's decision in regard to his place of practice. Those factors, not necessarily in order of importance, were:

- 1. Demand for medical services
- 2. Location of the medical college attended
- 3. Place of residence before entering medical college
- 4. Place where internship and/or residency was served
- 5. Methods and quality of transportation and communication
- 6. Ready accessibility of hospital and consultation facilities
- 7. Climate
- 8. Availability of good schools
- 9. Other personal, social, and economic factors

Weiskotten gave particular emphasis to four geographic factors which influence the decision. By studying the physicians who had graduated from all U.S. medical schools in 1950, he revealed the relative importance of the four factors listed below.

Practicing in state of residency training—63.06%

Practicing in home state—59.29%

Practicing in state of internship—48.83%

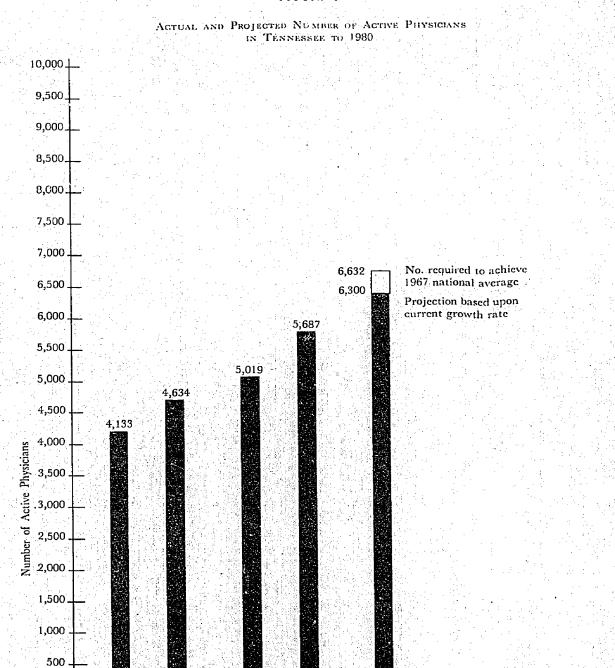
Practicing in state of medical college—43.43%

These findings were interpreted to indicate that the state in which one does his residency training has more influence on location of practice than does any of the other three geographic factors.



<sup>&#</sup>x27;H. G. Weiskotten, et al, "Trends in Medical Practice: An Analysis of the Distribution and Characteristics of Medical College Graduates, 1915-1950," Journal of Medical Education Vol. 35, No. 12, December, 1960, p. 1071-1121.

FIGURE 9



Source for Actual Number of Active Physicians:

C. N. Theodore and J. N. Haug, Selected Characteristics of the Physician Population, 1963 and 1967. Chicago: American Medical Association, 1968.

1970



0

1967

1963

Actual

1975

Projected

1980

In an attempt to ascertain if these factors have the same importance among Tennessee physicians, records were obtained from the American Medical Association containing information on all physicians practicing in the state of Tennessee in 1970. Four items of information were analyzed: (1) state of birth (state of residence prior to entering medical school was not available), (2) state of medical school attended, (3) state where internship training was taken, and (4) state where residency training, if any, was taken. Appendix tables 13 through 16 show the detailed findings of that analysis. A summary of the findings is as follows:

Attended a Tennessee Medical School—59.5% Residency Training in Tennessee—54.4% Internship Training in Tennessee—46.2% Born in Tennessee—44.4%

In contrast to Weiskotten's earlier study involving all the states, it would appear that graduation from a medical school in Tennessee is more highly related to a decision to practice in the state than is the location of internship or residency. This is to be expected since Tennessee is more active in educating medical students than most other states, but is not as active in the training of interns and residents.



#### UNDERGRADUATE MEDICAL EDUCATION

How Many Students Do Tennessee's Medical Schools Enroll?

Tennessee's three medical colleges admit approximately 365 students each year: 200 at the University of Tennessee, 75 at Vanderbilt University, and 90 at Meharry Medical College. The University of Tennessee has operated a medical school in Memphis since 1911 and now enrolls and graduates nearly 200 physicians a year. It is one of the largest medical schools in the United States and is not able to accommodate more students with the existing teaching facilities. The Vanderbilt Medical School has been in existence since 1875, and graduates approximately 50 students a year. The number of entering students was increased to 60 in 1969 and to 75 in 1970. Meharry Medical College has been admitting about 70 students, but its entering class was increased to 90 in 1970. It was instituted in 1876, and for many years Meharry and Howard University produced practically all of the Negro physicians in the United States.

#### How Does Tennessee Compare With Other States In Terms of Undergraduate Medical Education?

In many ways Tennessee seems to be doing more than its share in the production of M.D.'s. This is true not only in absolute terms, but also relative to the state's wealth, its population, and its production of college graduates in general. More students are enrolled in Tennessee's medical schools than in those of any other Southeastern state: 1,243 students during the 1968-69 school year (738 at U.T., 227 at Vanderbilt, and 278 at Meharry). Louisiana with 1,016 students enrolled was the only other Southeastern state to enroll more than 1,000 students. (Appendix Table 17) Only nine states in the nation that year enrolled more medical students than did the Tennessee schools. (Appendix Table 18) It is noteworthy that Tennessee's medical enrollment is so high, while its per capita income ranks only seventh among the Southeastern states and 46th among all states. (Appendix Table 19)

When one looks at the number of medical degrees awarded each year, the state of Tennessee holds the same relationship to other states that it does in terms of enrollment. (Appendix Table 20) The University of Tennessee alone graduates more physicians than do all schools, public and private combined, in any Southeastern state with the exception of Louisiana and Virginia. In 1969 there were 262 medical graduates from Tennessee schools: 162 from U.T., 47 from Vanderbilt, and 53 from



Meharry. Only nine states in the nation graduated more physicians that year than were graduated from the schools in Tennessec. (Appendix Table 21) This is a significant achievement when considered in terms of Tennessee's per capita income rank of 46th and its population rank of 17th. Only two states (Vermont and Nebraska) and the District of Columbia produce more physicians per million population than does Tennessee. (Appendix Table 22) Among the Southeastern states, only in Virginia, where both medical schools are state supported, do the tax-supported schools produce more physicians than are produced at the University of Tennessee. In fact, only eight states in the nation produce more physicians through their state-supported medical schools than does Tennessee.

Tennessee also compares well with other states in terms of the number of its young people who study medicine. Among Southeastern states, only Arkansas has a larger percentage of its population enrolled in medical school; furthermore, Arkansas is the only state in the nation with a lower income level than Tennessee, which has as large a percentage of its population in medical education. (Appendix Tables 19 and 23) In 1966-67 only 11 states had more residents entering medical school in relation to the number of bachelor's degrees awarded than did Tennessee.

#### From What States Do Tennessee's Medical Students Come?

All three medical schools require an applicant to submit a record indicating at least three years of course work in an accredited college. The University of Tennessee gives preference to Tennessee applicants and to those who hold a baccalaureate degree. Although Vanderbilt and Meharry do not give Tennesseans preference, Meharry does give preference to those who hold a baccalaureate degree and to Negroes. Most of the applications to Tennessee medical schools are from out-of-state students. This is less true of University of Tennessee applications than of those to the two private schools. Ordinarily some 65-70% of University of Tennessee applications come from persons outside the state, with about 94% of Vanderbilt applications and 97% of Meharry applications from out-of-state students.

Slightly less than half of the students admitted to Tennessee schools are from other states (48% in 1968), and this proportion has been fairly stable during recent years. (Appendix Table 24)



TABLE B
FIRST-YEAR MEDICAL STUDENT'S ENROLLED IN TENNESSEE MEDICAL SCHOOLS

	$\overline{U}$	$\overline{T}$	Fana	lerbilt	Meh	arry	To	tal
	No., Enrolled	% Out-of- State	.N Enrolled	% Out-of- State	No. Enrolled	% Out-of- State	No. Enrolled	% Out-of- State
1964-65 1965-66 1966-6 1967-66 1968-65 1969-76	6 176 7 186 8 198 9 192 0 192	23.75% 31.81 28.49 26.26 20.83 15.00 10.00	54 53 53 58 59 60 75	66.66% 64.15 64.15 86.20 77.96 68.34 78.67	62 53 72 71 72 88 90	91.93% 94.33 95.83 94.36 94.44 92.31 88.89	297 282 311 327 323 340 359	45.79% 49.64 50.16 51.68 47.67 58.55 59.19

Source: Association of American Medical Colleges Computer Tape for 1964 through 1968.

Direct institutional communication for 1969 and 1970.

Most of the out-of-state students attend Vanderbilt and Meharry; U.T.'s out-of-state admissions have been declining in very recent years from 24% in 1964 to 15% in 1969 and were expected to be at about 10% in 1970. In recent years Vanderbilt has been admitting about 70-75% of its students from outside Tennessee, and Meharry more than 90%. Meharry is beginning to draw more students from outside the Southeastern region and fewer foreign students and it is making effort to increase the number of Tennesseans admitted. In most of the state-supported medical schools in the Southeast, a smaller proportion of students are from out-of-state than is the case at the University of Tennessee. The same is true of the private schools in the Southeast; most of these admit a smaller proportion from out-of-state than do Vanderbilt and Meharry. (Figure 10 and Appendix Table 25)

The University of Tennessee's practice to give admission preference to Tennessee applicants is seen in an analysis of Medical College Admissions Test (MCAT) scores from the years 1964 through 1968.

TABLE C
AVERAGE MCAT Scores for Enrolled Students in
Tennessee Medical Schools,
1964-1968

		$\overline{UT}$	Vanderbilt	Meharry
1964-65				
Tennesseans		518	587	439
Out-of-State		529	552	456
1965-66				Barting Brasile
Tennesseans		516	569	407
Out-of-State	nga taon batan basa sa ka Kabupatèn	521	562	468



TABLE C
AVERAGE MCAT Scores for Enrolled Students in
Tennessee Medical Schools,
1964-1968 (continued)

	UT	Vanderbilt	Meharry
1966-67			
Tennessea is	524	586	393
Out-of-State	532	583	469
1967-68			103
Tennesseans	520	579	432
Out-of-State	<b>52</b> 9	578	460
1968-69			100
Tennesseans	525	579	453
Out-of-State	558	596	466

Source: Association of American Medical Colleges, Computer Tape.

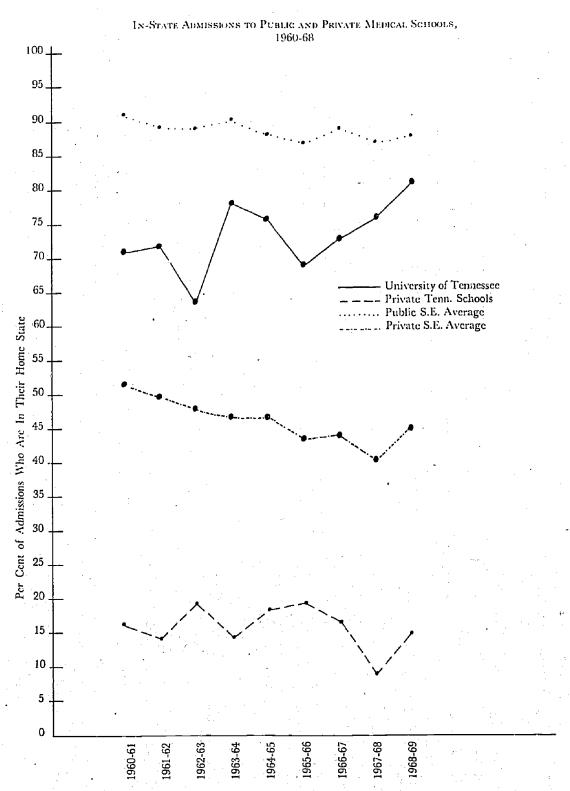
Each year the average score of out-of-state admissions was higher than that of Tennessee admissions. This is also true at Meharry, where the scores for out-of-state students have been higher than those of students admitted from Tennessee. However, this is not a true indicator of preference, as the Meharry admission's staff have found that they are not able to depend very heavily on MCAT scores as predictors of success in their population of applicants. At Vanderbilt there is very little difference in the MCAT scores of out-of-state admissions and Tennessee admissions.

# Where Do Tennesseans Go To Medical School And How Difficult Is It For Them To Gain Admission?

The majority of Tennessee students who go to medical school attend one of those in the state. In 1968, 218 Tennesseans entered medical school; 78% of these went to the University of Tennessee, 10% to Vanderbilt or Meharry, and 12% went out-of-state. (Appendix Table 26) Tennessee students find it somewhat easier to gain admission to medical school than do residents of most other states. Throughout the 1960's, with the exception of one year (1962-63), a higher percentage of Tennessee applicants were accepted than were applicants from the nation as a whole or the Southeastern states as a group. (Appendix Table 27) Tennessee students who desire to enter medical school also find it necessary to make fewer applications than did students in the nation as a whole or the Southeastern states as a group. This was the case in each year of the 1960's. (Appendix Table 28)

Despite the fact that Tennesseans find admission to a medical school easy, relative to students from other states, they are having more difficulty being admitted than they had ten years ago. During the 1960's, there was an increase in the number of applications submitted by each

FIGURE 10



Source: Journal of the American Medical Association, Vol. 178, No. 6, November 11, 1961; Vol. 182, No. 7, November 17, 1962; Vol. 186; No. 7, November 16, 1963; Vol. 190, No. 7, November 16, 1964; Vol. 194, No. 7, November 15, 1965; Vol. 198, No. 8, November 21, 1966; Vol. 202, No. 8, November 20, 1967; Vol. 206; No. 9, November 25, 1968; Vol. 210, No. 8, November 24, 1969.



student desiring to enroll. Furthermore, during the same period there was a decrease in the percentage of applicants who were accepted, although the absolute number of medical students increased considerably. (Appendix Table 27)

Are There Qualified Tennessee Students Who Are Unable To Gain Admission To A Medical School?

In the year 1968-69, 324 Tennessee residents applied for admission to medical school in Tennessee and some of these applied to out-of-state schools as well. Most of these (212) applied only to the University of Tennessee; 69 students applied to both the University of Tennessee and Vanderbilt, but few others applied to more than one medical school in the state. One hundred eighty-five of the applicants were admitted to a Tennessee school, either in the year they applied or the next, and 22 were admitted to out-of-state schools. Only 117 of the 324 applicants failed to gain admission at all. (Appendix Tables 29, 30, and 31)

Not all applicants are qualified for medical study. One criterion used for determining qualification is the score from the Medical College Admissions Test. While these test scores constitute only one of several factors used in the admission's decision, they do provide a constant basis for making some judgment about Tennessee applicants. If an average score of 500 on that test is chosen as the criterion, only 30 of the 117 unsuccessful applicants are found to be qualified. (Appendix Table 32) Assuming that 1968-69 was a representative year, it appears that relatively few qualified Tennesseans seek admission to medical school without success.

# How Much Is The Demand For Medical Education For Tennessee Students Likely To Increase?

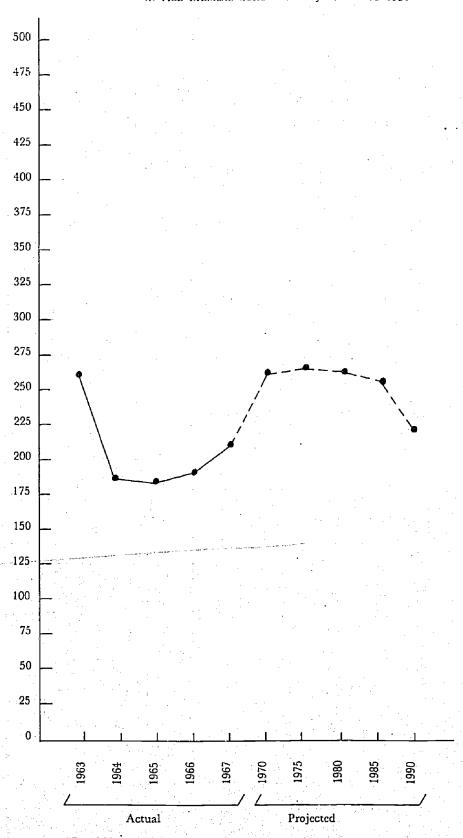
It is likely that the number of Tennesseans who want a medical education will increase in the next several decades. One basis for estimating the magnitude of this increase for any given year is the number of live births 22 years earlier; this figure has for some time been a stable predictor of the number of students who would be enrolled in medical school. This method has been used to predict the spaces which will be occupied by Tennesseans in all medical schools to the year 1990. (Figure 11 and Appendix Table 33)

Another basis for predicting demand is the number of bachelor's degrees awarded relative to the number of Tennessee students admitted to Tennessee medical schools. (Figure 12 and Appendix Table 34)



FIGURE 11

Spaces Needed for Tennessee Medical Students in All Medical Schools: Projections to 1990\*



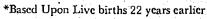
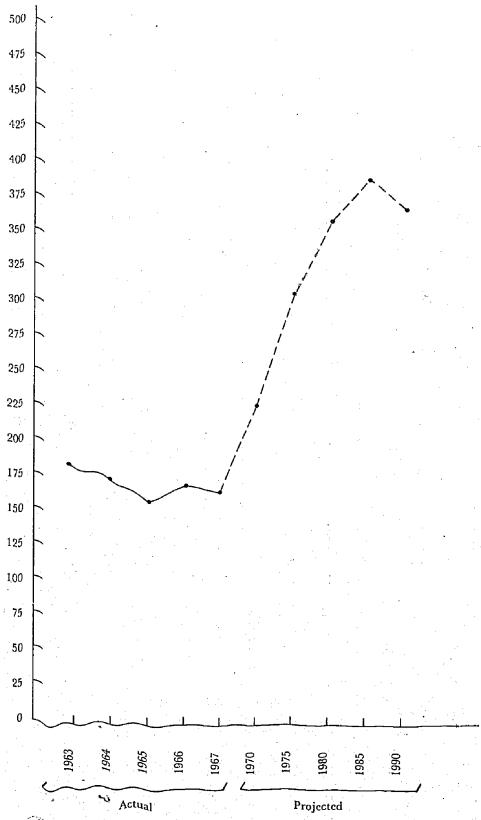
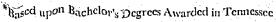




FIGURE 12

Spaces Needed for Tennessee Medical Stubbents in Tennessee Medical Schools; Projections to 1990\*







Because of a relatively stable birth rate between 1947 and 1964, the projection based on that factor indicates relatively little change in the number of applicants to medical school from the present through about 1980 with a slight decrease beginning in that year. Projections based on bachelor's degrees to be awarded, on the other hand, suggest a definite increase in applicants to medical school during the same period due to the expectation that more and more students will earn bachelor's degrees. However, in recent years there has been a decline in the percentage of Tennessee graduates who apply to medical school Thus, the latter projection may overestimate demand. The true picture probably lies somewhere between the two projections, and will no doubt be influenced by many factors which we cannot now predict. It does appear, however, that Tennessee students who are qualified to study medicine and who wish to study in the state will require an additional 25 or 30 spaces by 1975, permitting approximately 230 Tennesseans to study in the state. By 1980 spaces for about 265 are likely to be needed.

# How Well Does Tennessee Retain Its Medical Graduates For Practice In The State?

Tennessee loses most of the physicians who earn their medical degrees in the state. Over 9,000 Tennessee educated physicians were still practicing in 1967; of these, 30% were practicing in Tennessee. Only seven states have retained as small a percentage of their medical graduates as Tennessee, yet none of these produce as many as Tennessee. Among the 37 states which have medical schools, Tennessee ranks seventh in the production of M.D.'s, but 30th in its ability to retain its graduates. (Appendix Table 35)

TABLE D

Graduates of the Tennessee Medical Schools By Location of Practice, as of 12/31/67

and the second s					· . ·	•
	Institutions	No. Graduates	% Practicing in Tennessee	% Practicing in Other SE States	% Practicing in States Outside SE	% Practicing in Foreign Countries
Universit Vanderbi	y of Tennesse ilt University Medical Colle	e 5,116 2,257	39.58% 27.69 7.23	31.76% 34.82 22.56	28.41% 36.74 69.54	0.25% 0.75 0.67
	otal	9,460	29.60%	30.46%	39.48%	0.46%

Source: C. N. Theodore, G. E. Sutter, and J. N. Haug, Medical School Alumni, 1967. Chicago: American Medical Association, 1968.



The state has retained more of the graduates from the University of Tennessee than from the private schools. Forty percent of the University of Tennessee graduates were practicing in Tennessee, 28% of the Vanderbilt graduates, and 7% of the Meharry graduates.

Some states are characterized as "creditors" and some as "debtors" in terms of the number of physicians they license for practice. In a given year, a creditor state issues fewer medical licenses than the number of residents of the state who entered medical school five years earlier. Debtor states issue more licenses than there were residents entering medical school. Tennessee is clearly a creditor state, and there are only 7 greater creditors in the nation. (Appendix Table 36)

It would be expected that Tennessee residents who get their medical education at the University of Tennessee would be more likely to locate in Tennessee for practice than would students who have come from out-of-state. Four graduating classes from those of the last twenty years at the University of Tennessee College of Medicine were chosen for study as to present location of practice. Figure 13 indicates that Tennessee has kept about 55% of its own residents graduating from the University of Tennessee College of Medicine in the last twenty years, and only about 17% of those who were out-of-state students.

An effort was made to determine what influenced graduates of the four classes studied to set up practice in states other than Tennessee. A questionnaire was sent to 364 graduates of those four years who currently are practicing outside of Tennessee, and 207 responses were received. Their replies indicated that the factors which were most important in leading them to practice outside Tennessee were residency training out-of-state, more attractive openings for their specialties, opportunity to join another physician or group, and various social and cultural advantages pertaining to their families.

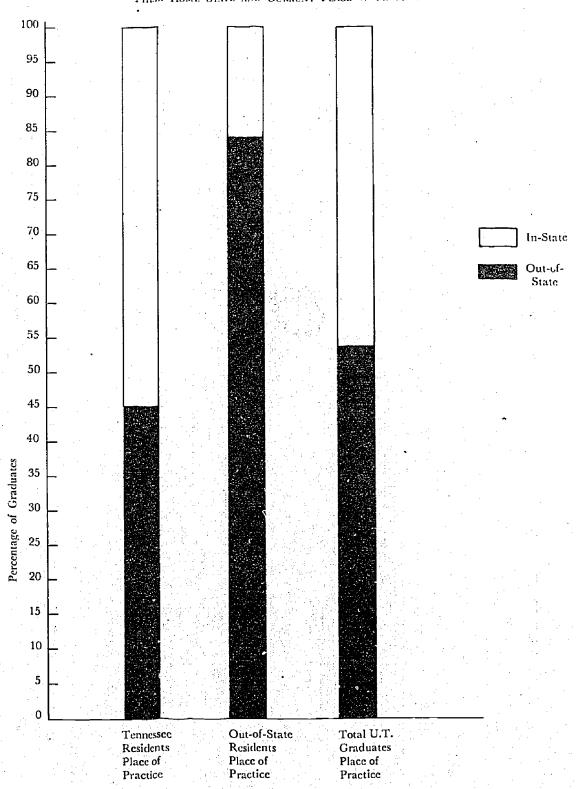
# How Well Is The University of Tennessee College Of Medicine Supported?

Expenditures per medical student at the University of Tennessee are lower than those at most other medical schools. This is partly because the University operates a large school on a year-round basis, making maximum use of facilities and operating an efficient program. Year-round operation allows a student to complete the medical degree in three years rather than the usual four years. But the school is not funded adequately to carry on a high quality medical education program. Table Engives per student appropriations to the state-supported medical schools of five selected Southeastern states in 1969-70.



FIGURE 13

U.T. Medical School Graduates in Four Selected Years: Their Home State and Current Place of Practice



Source: U.T. Alumni Office for Records of Classes of 1950, 1955, 1960, and 1964



TABLE E
Per Student Appropriations in Medical Schools of Five Southeastern States, 1969-70

	Appropriation per Student per Year	
Alabama	\$4,972	\$19,888
Georgia	9,346	37,384
Kentucky	5,053	20,212
Mississippi	4,005	16,020
Tennessee	4,346	13,038
Average of five states	5,544	21,308

The annual appropriation for Tennessee students is approximately 30% below the average of the five selected states. Tennessee's total appropriation for the complete education of a medical student is far below that of any of those states. Even with allowances for the lack of precision in per student cost estimations, it is clear that the University of Tennessee is not receiving an adequate state appropriation.

## What Will Be Required Of The State In Order To Maintain The University Of Tennessee College Of Medicine?

In March of 1969 the University of Tennessee College of Medicine was visited by a survey team representing the American Medical Association and the Association of American Medical Colleges. That team released its report in October, 1969. U.T. was voted full accreditation for a term limited to three years and was requested to submit, in two years, a report concerning progress toward the following recommendations:

- 1. Construction of a new clinical sciences building
- 2. Construction of a new basic science facility
- 3. Increased financial support for program development
- 4. Development of a university-controlled hospital teaching facility
- 5. Development of a full-time planning staff
- 6. Planning and funding a new library
- 7. Further development of the departments of Preventive Medicine and Microbiology
- 8. Implementation of curricular changes

The cost of these improvements required to maintain accreditation is estimated to be 20 million dollars in capital outlay and an operating budget increase of \$1½ million per year. In order to qualify for Federal assistance in capital projects, the University will be required to increase medical enrollment by 20%, or 40 students.



# GRADUATE MEDICAL EDUCATION

How Well Do Tennessee's Intern And Residency Training Programs Draw Physicians For Training?

Tennessee is not as active in the training of interns and residents as one might expect from the State's high level of activity in undergraduate medical education. There are 173 residents and 52 interns per million population in the United States, but only 143 residents and 45 interns per million in Tennessee. In 1968-69 there were 18 states, including three in the Southeast, which had more residents in training than did Tennessee and the same was generally true of interns. (Appendix Table 37)

There is not only the problem of providing openings for interns and residents, whose salaries are usually paid from hospital resources, but also the problem of attracting young physicians to fill them. There are more opportunities for graduate medical training each year than there are applicants. In 1968-69, 81% of Tennessee's residency openings were filled, compared with 83% in the nation as a whole. That same year 65% of Tennessee internships were occupied—fewer than the 74% occupied in the entire country. (Appendix Table 37)

Only hospitals in Memphis, Nashville, Chattanooga, and Knoxville-Oak Ridge have graduate training programs. There are considerably more residents and interns in the Nashville and Memphis hospitals than in the East Tennessee Hospitals.

TABLE F
Internship and Residency Positions
Offered, as of July 1, 1970

Location	Internships	Residencies
Chattanooga Knoxville-Oak Ridge Nashville	16 20 107 143	73 42 305 375
Memphis Total	286	795

Source: "Directory of Approved Internships and Residencies," Journal of the American Medical Association, Vol. 210, No. 8, November 24, 1969.

An effort was made to obtain information on the degree of occupancy of each graduate training program in Tennessee hospitals throughout



the 1960's. The hospitals supplied what data they had, but the survey was not a complete one. It does appear to be clear, however, that the hospitals which are affiliated actively with a medical school have attracted trainees better than those not so affiliated. This is the case, not only in Tennessee, but throughout the country. It is not because of differences in salaries; interns and residents in non-affiliated hospitals are offered salaries as high as those in the affiliated hospitals. (Appendix Table 38) It is significant that none of the East Tennessee hospitals which offer graduate training are medical school affiliated.

#### How Well Are Graduates Of Tennessee's Medical Schools Retained In The State For Their Graduate Training?

If more of the graduates of medical schools in Tennessee were to remain in the state for their internship and residency training, more might stay for practice. In 1968, 41% of the graduates of Tennessee's three medical schools who were interning anywhere did so in the state. This rate of retention for graduates for in-state internship compares well with that of most states, although four Southeastern states do retain better. (Appendix Table 39) Of all Tennessee medical graduates who were doing residencies in 1968 only 32% were in the state. The residency retention rate is poor. In fact, only two Southeastern states had a poorer retention record that year. (Appendix Table 39)

### Are More Intern And Residency Programs Planned In Tennessee?

A survey was made of all Tennessee hospitals of more than 200 beds which do not have intern or residency training to ascertain if any were considering starting programs. Four hospitals responded affirmatively, all in East Tennessee: Memorial Hospital in Johnson City (residency), Bristol Memorial Hospital (residency), East Tennessee State Hospital in Knoxville (psychiatric residency), and the Veterans Administration Hospital in Johnson City (some type of graduate training).

# What State Assistance To Graduate Medical Training Programs Would Be Helpful?

Persons responsible for internship and residency programs were surveyed in regard to suggestions whereby the state of Tennessee might increase its supply of physicians through assistance to post-graduate training programs. Most of the returned questionnaires indicated that the state should consider making financial assistance available to the hospitals for graduate medical education, especially for use in interns



and residents salaries and fringe benefits, and also to add needed faculty to the hospital staff. Several respondents also felt closer ties should be developed between the medical schools and the graduate training programs.



#### **CONCLUSIONS**

- 1. Only a few other Southeastern states are as well supplied with physicians as is Tennessee, yet Tennessee's supply is considerably behind the national average. Tennessee has 119 active physicians per 100,000 people. In the Southeast there are 113 per 100,000 and in the United States, 145 per 100,000. There is no other state with a per capita income as low as Tennessee's which has a better supply of physicians. The number of physicians in Tennessee is increasing, but it is growing only slightly more rapidly than population growth; and the gap between the Tennessee physicianpopulation ratio and that of the nation is not being closed. The shortage in Tennessee is not due to a lack of medical education in the state; it is due instead to our failure to retain a sufficient number of physicians who are educated here. Of all the Tennessee educated physicians who were still practicing medicine in 1967, only 30% were practicing in the state. There are only seven states in the country which retain a smaller percentage.
- 2. A considerable increase in the number of physicians practicing in Tennessee will be needed to correct the shortage which presently exists and to replace those who will retire or die. It is not possible to make a precise estimate of the number of physicians who will be needed in the next several decades, because substantial changes in the way health care is delivered may take place. However, Tennessee should adopt as a goal by 1980 a physician-population ratio as good as the 1967 national average. To meet this goal we will need to add 3,400 doctors in Tennessee by 1980 to those who are currently active. Over the years about 40% of Tennessee doctors have come from medical schools outside the state. If this continues, about 1,360 of the additional doctors needed will move into Tennessee from schools in other states, and we will need to retain 2,040 of those who graduate in Tennessee. Assuming that the Tennessee schools continue to produce at the rate which has characterized them for a number of years, it would be necessary to retain about 64% of their graduates between 1970 and 1980. However, both Vanderbilt and Meharry are planning to increase their enrollment and if the University of Tennessee increases by about 20%, it will be necessary to retain only 56% of the graduates. In either event, the state must have a much better rate of retention of medical



graduates than the present 30%, if it is to reach the 1967 national average supply of physicians by 1980.

- Some parts of the state are much better supplied with physicians than others. Most of the physicians are concentrated in the metropolitan areas. This is to be expected, because the people themselves are concentrated there, because the most elaborate and specialized medical facilities are there, and because metropolitan area doctors serve people from outlying areas. However, there are many areas of the state in which people have a great deal of difficulty in finding access to a physician. There are seven counties in which no more than one physician practices and thirteen in which there are not more than two physicians. The supply of physicians becomes poorer as one moves from west to east across the state. Much of the regional difference in supply of physicians is due to the presence of more interns, residents, and medical faculty in Memphis and Nashville where the medical schools are located. Without the faculty, interns, and residents associated with the medical schools, the physicianpopulation ratio in those regions is about the same as in East Tennessee. Yet it must be recognized that these medical school physicians do make a substantial contribution to the care of patients and from this point of view, East Tennessee needs a better supply. The ratio of physicians to population is some three times better in the metropolitan areas than in the non-metropolitan areas of the state. Most of the specialists practice in the larger cities where there are the facilities which they need in their work. There is a need for more general practitioners, pediatricians, obstetricians, and others who serve in primary patient care, rather than as consultants on the referral of some other physician; and these primary physicians need to be attracted to those parts of the state which are the most poorly supplied. New specialists are being developed to train physicians for work in smaller communities, such as residencies in community medicine and family practice. The medical schools of the state and the hospitals which train interns and residents should place greater emphasis on such training to help alleviate the doctor shortage outside of the metropolitan areas.
- 4. Many factors influence a physician's decision about where he will practice. They, like other professionals, tend to choose places in which there is good financial opportunity and which provide attractive educational, social, and recreational environments for their families. They also prefer to practice where they have facilities to

provide their patients high quality care and where there are opportunities to work with other physicians, so that they do not have to be on duty unreasonably long hours. Most of these are factors which are not highly susceptible to influence by the state's higher education system, and they must be attacked by the public and appropriate medical agencies. There are other things, however, which influence the decision and which are related to education. Most of Tennessee's physicians (60%) received their M.D. degrees in the state, and about 50% did their graduate (internship and/or residency) training in the state. It has been found nation-wide that physicians tend to locate in states where they receive their medical education, particularly those where they have their graduate training. The maintenance of strong, well-utilized internship and residency training in Tennessee's hospitals is an important factor in overcoming the shortage of physicians. There are some changes in the educational system which might have a favorable effect on the number of physicians who decide to locate in Tennessee for practice:

- (a) Provide more spaces for Tennesseans in existing medical schools.
- (b) Put more emphasis in both medical school and in graduate (internship and residency) training on the primary physician specialties.
- (c) Develop clinical education centers in the metropolitan areas of East Tennessee.
- (d) Orient medical students, interns, and residents toward those parts of the state where the physician shortage is greatest, particularly East Tennessee.
- (e) Fill a larger percentage of internships and residencies that are offered in the state and, as this is successful, expand this graduate training.

Each of these ideas is discussed in more detail in other sections of the summary.

5. Tennessee is a leader in the nation in the production of medical doctors. The three medical schools in Tennessee graduate more M.D.'s than do the schools of any other Southeastern state, between 240 and 290 per year in recent years. Only nine states produce more physicians and all of these are states which are larger and wealthier. Tennessee is fourth among all the states in the ratio of medical graduates to population. The University of Tennessee

College of Medicine is one of the country's largest and would require additional teaching facilities in order to expand enrollment. Vanderbilt and Meharry are adding to their medical facilities and recently have increased their enrollment somewhat. Both hope to expand still further, but would require additional operating funds in order to do so. Slightly less than half of the students admitted to Tennessee's medical schools are from other states (48% in 1968). A majority of the out-of-state students attend Vanderbilt and Meharry: The University of Tennessee's out-of-state admissions have declined in the last two or three years to only 10% in 1970. The state retains University of Tennessee graduates who originally were from Tennessee much better than those who came from other states (55% vs. 17%), and the same is probably true of Vanderbilt and Meharry graduates. An increase in the proportion of Tennessee students in all three medical schools should help in overcoming the doctor shortage. As long as there are enough qualified Tennesseans the University of Tennessee should limit the admission of out-of-state students to no more than 10% of each entering class. Ten percent of the spaces should be sufficient to take care of some out-of-state students who are special cases, such as exceptional students and children of alumni.

- 6. Tennessee students find it easier to gain admission to medical school than do residents of most other states. A higher percentage of them are successful in being admitted, and they find it necessary to apply to fewer schools than do students from most other states. One reason for this is the large number of medical school spaces that are available in relation to our population. Nearly 90% of Tennesseans who go to medical school attend in the state.
- 7. The University of Tennessee College of Medicine is poorly supported in comparison with the medical schools operated by neighboring states, with an annual per student appropriation about 30% below the average of five selected Southeastern states. The school's recent accreditation study by the American Medical Association and the Association of American Medical Colleges pointed up a number of deficiencies. The operating budget request for 1971-72 provides for a 30% increase in the support for the Medical Units, which will be adequate to enable them to overcome some, but not all, of these deficiencies. It should also enable them to begin putting more emphasis on family and community medicine, which will be important in orienting their students toward practice in smaller communities.



In addition to needed increases in operating budgets, the University, in order to meet the recommendations from the accrediting visit, must provide a new basic sciences building, a new clinical sciences building, and a new library. The cost of the basic sciences building has been estimated at about \$9,000,000 of which approximately half may be obtained from matching Federal construction grants, provided the University expands the size of its entering class. A similar provision applies to matching Federal grants for construction of the clinical sciences building, which is also estimated to cost \$9,000,000. The capital fund request to the 1971 legislature includes \$6,000,000 to be applied to the state's share of the cost of these two new buildings. Three million dollars in state funds is already available for these projects. These buildings are high priority needs and should be constructed as soon as possible. We have already indicated that a new medical school is not needed to supply more graduates for practice in Tennessee, since the existing schools in Tennessee will turn out far more doctors than will be required for practice in the state. But there is another type of demand which must be considered, and that is the demand from qualified Tennesseans for admission to medical school. A larger percent of Tennessee applicants are admitted to medical school than the national average. Evidence from admission test scores also indicates that there is a relatively small number of students who might be qualified who do not get into medical school. In 1968, for example, only 30 Tennessee applicants who scored average or better on the Medical College Admission Test were not admitted to medical school. This number does not justify the development of another school in Tennessee at this time. In the next decade, it is likely that the number of qualified students desiring medical education will increase. Eased on the increase in the number of students who will be earning bachelor's degrees, we probably will need some 25 or 30 additional spaces for medical students in Tennessee by 1975 and still another 30 to 35 spaces by 1980.

There is potential for some growth in all three of Tennessee's medical schools. The University of Tennessee will need to expand the size of its entering class by about 40 additional students a year to qualify for matching federal construction grants. Vanderbilt and Meharry are already working toward expanded enrollment, but they face a serious shortage of operating funds. Tennessee should contract with Vanderbilt and Meharry to provide operating support for the admission of about 20 additional Tennessee students

(ten at each school) during the next few years. The students would be additional to the average number of Tennesseans in entering classes at Vanderbilt and Meharry for the past several years. State support to these provate medical schools for each additional Tennessee student should not exceed state appropriation to the University of Tennessee per medical student. These steps should provide opportunities for medical study for all qualified Tennesseans for the foreseeable future.

9. The cost of public and private medical school expansion to meet the modest demand from students for additional spaces would be much less than the expense of developing and operating a new medical school. The smallest efficient size for a medical school is one which admits about 100 students a year. Tennessee already trains so many doctors that it should not consider establishing a new-school during the next decade.

Depending on what facilities were already available, most medical schools developed in the last few years have cost between \$50,000,000 and \$1100,000,000 for construction alone. Even if it could be operated as economically as the present University of Tennessee College of Medicine, at least \$2,000,000 a year-would be required in operating appropriations for a new medical school. The support of 20 additional students per year at the private medical schools recommended above would require about \$400,000 a year when all four classes were enrolled. The 40 expanded spaces at the University of Tennessee each year would probably cost less per student than is required for the students presently enrolled there, if the final wear of their training were carried on at a hospital in another pant of the state. If the additional spaces were to cost as much as the present ones, they would require about \$800,000 a year. The recommended expansions would require little capital outlay beyond what must be provided at Memphis anyway to meet accreditation requirements for modernization and improvement of facilities. The capital expenditures required at Memphis would not be much less if there were no expansion in the size of the entering class. With no expansion the state would have to pay the entire cost of the new facilities, rather than being able to share the cost with the Federal Government.

10. There are considerably more places for interns and residents to study throughout the country than there are physicians to occupy them. Hospitals which operate these graduate training programs compete to some extent for young physicians, just as there is some



competition among the young doctors for the best internship and residency programs. Although Tennessee is one of the leading states in the nation in terms of undergraduate medical education, it has fewer interns and residents than many. Unless there are places in the state for graduates of the three-medical schools to do their internships, they will have to leave the state whether threy want to or not. There are already fewer internships offered in Tennessee than the combined graduating classes of the three schools. With the expansion anticipated at Vanderbilt and Meharry Medical School there will soon be even a greater shortage of internships. It is true that allow those presently available are not filled, so they must be made more attractive as well as increased in number. Internships and residencies should be expanded and improved so that any doctor educated in Tennessee can remain for his further training if he wishes.

Most of Tennessee's graduate training programs are located in hospitals in Nasaville and Memphis. The only internship and residency programs in East Tennessee and in Chattanooga and in Knoxville Oak Ridge. None of those in Last Tennessee have active affiliation with one of the medical schools, withough the Memorial Hospital in Knoxville, which has both interns and residents, is a part of the Medical Units of the University of Tennessee for administrative purposes. Non-affiliated graduate programs do not attract young physicians as well as those which do have medical school affiliation. This has been apparent for some time, not only in Tennessee, but in the rest of the nation. Several hospitals in the Tri-Cities area are considering developing internship and/or residency programs, but none exist at present in that area. It is in East Tennessee where the supply of physiciansiis poorest, that there are fewest attractive openings for interns, and residents who might be Persuaded to remain for practice. There are enough welltrained, board-certified physicians in East Tennessee to provide instruction in expanded residency and internship programs. This is true, not only in Knoxville and Chattanooga, but in the Tri-Cities area as well. Graduate training programs in East Tennessee should be strengthened and given active affiliation with the University of Tennessee College of Medicine, through the development of clinical centers, so more doctors will be attracted to that part of the state.

11. The medical curriculum has traditionally consisted of approximately two years spent in the study of basic medical sciences, pri-

marily a laboratory and classroom procedure, and approximately two years in clinical study working with patients under supervision. In recent years, some schools have begun to integrate the basic sciences and the clinical study to some degree, although the last year or so in most medical schools is still devoted primarily to clinical training, with the student rotating through the various services in the hospital under the supervision of faculty.

Several medical schools outside of Tennessee have begun to use hospitals away from the medical campus for clinical education of some of their students. This typically requires that some students mowe from the main medical campus to an affiliated hospital for the last year or so of their training. Often the students remain in that hospital for internship or residency training. The University of Tempessee Memorial Hospital in Knoxville and the Baroness Erlanger Hospital in Chattanooga already train interns and residents and have full-time medical faculty. They would be appropriate locations for the development of this type of clinical training for some medical students from the University of Tennessee College of Medicine. This development would be aimed toward keeping more physicians educated in Tennessee, and toward an increase in the number who locate for practice in East Tennessee. It also should permit the suggested increase in the number of students who are being admitted to the University of Tennessee College of Medicine without creating a need for more clinical faculty and facilities in Memphis. Better retention of graduates and better distribution of physicians into East Tennessee and the rural areas would be anticipated for the following reasons:

- (a) Affiliation of East Tennessee hospitals with a medical school should draw more interns and residents who might remain there for practice.
- (b) Those medical students who receive their clinical training in the newly affiliated centers should be more oriented toward the East Tennessee area and more likely to remain there for their graduate training and practice.
- (c) The development of these affiliated clinical centers should stimulate continuing education for physicians in East Tennessee, enhancing the acceptability of that area as a location for medical practice.
- (d) The availability of clinical training outside Memphis should provide the University of Tennessee students experience in a greater variety of settings and with a greater



variety of patients, increasing the likelihood of their practicing in some place other than a major medical center such as Memphis or Nashville.

While Chattanooga and Knoxville should be considered as sites for earliest development of clinical centers, efforts should be made to develop affiliated training in the Tri-Cities area as soon as possible. Since the Memorial Hospital in Knoxville already functions within the structure of the University of Tennessee Medical Units, without most easily be developed as the first clinical center.

The U.T. Memorial Hospital in Knoxville should accept approximately 20 medical students from Memphis for their final year of clinical training as soon as possible. To accommodate them, it will be necessary to employ several additional full-time and part-time freulty working under the supervision of an Associate Dean of the University of Tennessee College of Medicine. An appropriation of \$200,000 has been requested for 1971-72 and students could be acconted during that year. Once that program is underway sucmessfully, a similar one should be instituted at Baroness Erlanger Hospital in Chattanooga. Hospitals in the Tri-Cities area should work toward similar graduate training and clinical training status. the time students from the expanded enrollment at the Univerof Tennessee reach their final year, about 1977, there should the clinical training facilities available for about 40 students in the East Tennessee hospitals. The programs of these clinical centers should be designed to emphasize family practice and primary patient care rather than narrow referral-oriented specialties.

133. When fully implemented in four or five years, the costs of the major recommendations are listed below (all figures at current cost levels).

Recommendations	Amount in Millions of Dollars
(1) For increased operating support to	
eliminate deficiencies at the Univer-	\$1.4-1.6
sity of Tennessee College of Medicine	
(about 2/3 included as part of 71-72	
adget request)	
(2) For expansion of University of	
Tennessee Medical College by 40	
students per year (not requested	
for 71-72)	.68
化二氯化甲基磺基甲基 医海绵病 化二氯化二甲基甲基二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲	

(3) For establishment of two or three	
clinical centers in East Tennessee	
metropolitan area hospitals	.49
( \$200,000 requested for 71-72)	
(4) For support of Tennesseans in the	
private medical schools (not included	.45
in 71-72 budget request)	
Total Cost	\$2.8-3.8

While the cost of these recommendations is substantial, it would be less expensive than another state-supported medical school, particularly in the capital construction costs involved. The recommended actions should strengthen graduate medical training in East Tennessee and make practice in that area more desirable, accommodate the additional Tennessee students who will want to study medicine, make the University of Tennessee College of Medicine eligible for Federal assistance in necessary construction, and promote the retention of more graduates for practice in Tennessee.



# RECOMMENDATIONS

- 1. The state should provide more adequate support to the University of Tennessee College of Medicine.
- 2. Tennessee should work toward a goal of having by 1980 a supply of physicians which is as good as the present national average.
- 3. Clinical training centers for senior medical students should be established in East Tennessee, first at the University of Tennessee Memorial Hospital in Knoxville, second at Baroness Erlanger Hospital in Chattanooga, and later in hospitals in the Tri-Cities area.
- 4. The University of Tennessee College of Medicine should be expanded to admit 40 additional students per year and should limit out-of-state enrollment.
- 5. The state should contract with Vanderbilt University and Meharry Medical College to support the admission of ten additional Tennessee students per year at each school.



44

# **APPENDIX**



TABLE 1

NUMBER OF PHYSICIANS AND PHYSICIAN-POPULATION RATIOS IN THE SOUTHEASTERN UNITED STATES, 1963 AND 1967

New York			1963	3					1961			•
	Total	Ratio	MD in	Ratio	MD in	Ratio	Total	Ratio	MD in	Ratio	MD in	Ratio
	Active	to	Patient	to	Private	01	Active	<b>t</b> 0	Patient	to	Private	to
States	Physicians	Pop.b	$Care^a$	$Pop.^{b}$	Practice	Pop.b	Physicians	Pop.	$Care^a$	$Pop.^{b}$	Practice	Pop.b
United States	257,207	135	255,141		242,684	128	288,343	145	285,356	143	268,853	135
Southeastern States	4		41,469	-	39,867	86	47,658		46,696	111	44,576	106
Alabama	2,792	83	2,758		2,687	80	3,074	87	3,031	98	2,907	82
Arkansas	1,720	1	1,698	94	1,638	06	1,768	06	1,749	89	1,682	98
Florida	989'9		6,570	115	6,388	112	8,235	134	8,072	131	7,837	127
Georgia	4,379		4,296	104	4,137	100	4,937	111	4,810	108	4,593	103
Kentucky	2,991		2,948	96	2,822	95	3,303	104	3,247	102	3,065	97
Louisiana	4,003	116	3,958	114	3,788	ŀ	4,365	119	4.297	. 117	4,103	112
Mississippi	1,802	82	1,784	81	1,734	79	1,917	82	1,894	81	1,827	78
North Carolina	4,861	102	4,779	101	4,461		5,366	107	5,253	105	4,893	86
South Carolina	2,059	82	2,036	81	1,977	- 26	2.368	06	2,342	89	2,265	98
Tennessee	4,183	113	4,109	111	3,935	107	4,634	119	4,536	117	4,286	110
Virginia	4,949	- 116	4,832	113	4,648	109	5,884	129	2,680	124	5,412	118
West Virginia	1,726	6	1,701	96	1,652	93	1,807	102	1,785	101	1,706	97

<sup>a</sup>Physicians in Private Practice plus Medical School Faculty <sup>b</sup>Number of Physicians Per 100,000 Population

Source: C. N. Theodore and J. N. Haug, Selected Characteristics of the Physician Population, 1963 and 1967. Chicago: American Medical Association, 1968.

TABLE 2

State Population, Physician-population Ratios, and Per Capita
Personal Income in Terme of State Ranking

States	Population Rank	MD/100,000 Population*	Rank in Nation	Per Capita Personal Income	Rank in Nation
District of Columbia	40	480	. 1	\$4,163	1
Rhode Island	39	236	2	3,432	13
New York	2	225	3	3,901	4
Maryland	18	224	4	3,544	11
Massachusetts	10	207	5	3,633	10
Connecticut	24	186	6	4,110	2
California	1	184	7	3,771	7
Colorado	30	183	8	3,133	24
Vermont	49	166	9	2,905	31
Minnesota	20	151	10	3,169	21
Washington	22	150	11	3,529	12
Pennsylvania	3	149	12	3,248	18
Illinois	4	139	13	3,807	5
Oregon	31	139	14	3,190	19
New Jersey	8	137	15	3,776	6
Florida	9	136	16	2,999	29
Utah	36	136	17	2,631	39
Delaware	47	135	18	3,653	9
Ohio	6.	132	19	3,315	15
New Hampshire	44	132	20	3,109	26
Arizona	34	131	21	2,816	33
Virginia	14	130	22	2,949	30
Hawaii	41	130	23	3,307	16
Missouri	13	125	24	3,044	28
Michigan	7	123	25	3.393	14
Texas		122	26	2,839	32
Wisconsin	16	121	27	3,185	- 20
Nebraska	35	120	28	3,134	23
Louisiana	19	119	29	2,505	44
Tennessee	17	118	30	2,427	46
Kansas	29	117	31	3,136	22
Georgia	15	110	32	2,627	40
New Mexico	37	109	33	2.515	42
Maine	38	107	34	2,664	37
Nevada	48	107	35	3,759	8
North Carolina	11	106	36	2,569	41
Montana	43	106	37	2.811	34
Oklahoma	27	105	38	2.770	35
Iowa	25	105	39	3.101	27



47

TABLE 2

State Population, Physician-population Ratios, and Per Capita Personal Income in Terms of State Ranking (continued)

States	Population Rank	MD/100,000 Population*	Rank in Nation	Per Capita Personal Incomc	Rank in Nation
Wyoming	50	104	40	3,113	25
Kentucky	23	103	41	2,488	45
North Dakota	46	102	42	2,513	43
West Virginia	33	: 100	43	2,366	47
Indiana	12	99	44	3,259	17
Alaska	51	94	45	3,941	3
Idaho	42	93	46	2,653	38
South Carolina	26	90	47	2,260	48
Arkansas	32	90	48	2,184	50
South Dakota	45	90	49	2,717	36
Alabama	21	87	50	2,209	49
Mississippi	28	82	51	1,904	51
TOTAL U.S.		146		\$3,239	

<sup>\*</sup> Represents total active physicians

Source Journal of the American Medical Association, Vol. 206, No. 9, November 25, 1968.



TABLE 3

Percentage Distribution of Physicians by Type of Practice in the U.S. and Tennessee 1967

	Unite c	d States	Tennessee	
Type of Practice	No.	%	No.	%
General Practice	68,920	22.5%	1,069	22.3%
Medical Specialty			- 55	
Allergy	962	0.3	7	0.1
Cardiovascular Disease	2,263	0.7	35	0.7
Dermatology	3,796	1.2	38	0.8
Gastroenterology	749	0.2	10	0.2
Internal Medicine	42,325	13.8	598	12.5
Pediatrics	17,348	5.7	310	6.5
Pediatric Allergy	91	*	4	0.1
Pediatric Cardiology	175	0.1	2	*
Pulmonary Disease	1,218	0.4	20	0.4
Total	68,927	22.5%	1,024	21.4%
Surgical Specialty		•		<del></del> .
General Surgery	29,687	9.7%	602	12.6%
Neurological Surgery	2,315	0.8	66	1.4
Obstetrics & Gynecology	17,964	5.9	281	5.9
Ophthalmology	9,083	3.0	136	2.8
Orthopedic Surgery	8,426	2.7	163	3.4
Otolaryngology	5,583	1.8	86	1.8
Plastic Surgery	1,303	0.4	23	0.5
Colon & Rectal Surgery	644	0.2	8	0.2
Thoracic Surgery	1,725	0.6	49	1.0
Urology	5,462	1.8	98	2.0
Total	82,192	26.8%	1,512	31.6%
Other Specialty				
Aviation Medicine	792	0.3%	9	0.2%
Anesthesiology	9,630	3.1	126	2.8
Child Psychiatry	1,080	0.4	3	0.1
Diagnostic Roentgenology	49	*	0	0.0
Forensic Pathology	47	*	0	0.0
Neurology	2,466	0.8	23	0.5
Occupational Medicine	1,706	0.6	46	1.0
Psychiatry	19,749	6.4	172	3.6
Pathology	9,471	3.1	168	3.5
Physical Medicine	1,208	0.4	12	0.3
General Preventive Medicine	1,007	0.3	14	0.3



### PERCENTAGE DISTRIBUTION OF PHYSICIANS BY TYPE OF PRACTICE IN THE U.S. AND TENNESSEE 1967 (continued)

Type of Practice	Unite	ed States	Tenness	
	No.	%	No.	<del></del>
Public Health	1,627	0.5		%
Radiology	10,727	3.5	38	0.8
Therapeutic Radiology	101	*	193	4.0
Total	59,660	19.4%	1	*
Not Recognized	4,101	1.3%	805	16.8%
Unspecified**	23,170	7.5	48	1.0%
GRAND TOTAL	306,970	100.0%	329	6.9
* Tosa 41 0 0 5		100.070	4,787	100.0%

Source: C. N. Theodore and J. N. Haug, Selected Characteristics of the Physician Population, 1963 and 1967. Chicago: American Medical Association, 1968.



<sup>\*</sup> Less than 0.05%
\*\* Includes Inactive Physicians

TABLE 4

Number of Physicians Registered in Tennessee Counties, 1961-70

Counties	1961	1962	1963	1964	1965 1	966 1	967 1	968 19	069 19		Increase 1961-70
Anderson	58	60	58	65	68	70	69	68	70	67	15.51%
Bedford	13	14	14	14	15	15	17	16	15 ·	16	23.07
Benton	7	7	6	6	6	7	7	7	8	6	(14.28)
Bledsoe	. 3	2	2	2	- 2	2	2	2	2	2	(33.33)
Blount	44	45	41	43	46	45	42	46	50	52	18.18
Bradley	27	25	28	30	32	30	31_	31	31	32	18.51
Campbell	18	17	15	12	12	10	11	10	11	11_	38.88
Cannon	3	4	4	4	3	3	3_	3	3	4	33.33
Carroll	9	9	10	8	11	9	10	10	10	10	11.11
Carter	18	18	23	21	19	19	18	18	18	20	11.11
Cheatham	·2	2	2	2	3	2	3	2	2	2	0.00
Chester	3	3	3	3	3	3	3	3	3	4	33.33
Claiborne	5	5	- 5	6	5	5	6	6	5	7	40.00
Clay	1	1	1	1	1	1	3	3	4	4	300.00
Cocke	10	9	8	6	6	7	6	6	8.	6	(40.00)
Coffee	19	18	17	17	18	18	19	20	18	18	( 5.26)
Crockett	7	7	6	6	7	7	6	6	6	5	(28.57)
Cumberland	15	13	13	14	14	18	16	16	16	16	6.66
Davidson	638	646	661	696	692	729	736_	749	774	835	30.37
Decatur	4	4	5	5	6	6	6	· 5	3	. 3	(25.00)
Dekalb	5	5	- 5	5	4	4	5	4	5	6	20.00
Dickson	12	13	11	12	13	14	11	12	12	11	( 8.33)
Dyer	25	- 27	28	25	26	27	25	25	29	26	4.00
Fayette	11	7	8	. 8	8	8	7	. 7	7	7	(36.36)
Fentress	4	4	4	4	4	4	5	6	4	4	0.00
Franklin	13	13	13	14	13	13	12	12	11	12	( 7.69)
Gibson	24	25	27	26	25	26	26	27	29	27	12.50
Giles	11	10	10	10	10	10	10	11	10	8	(27.27)
Grainger	3	3	3	3	3	3	2	2	2	2	(33.33)
Greene	23	20	20	21	20	20	21	24	25	25	8.69
Grundy	: 1	2	2	2	1	1	1	1	1	1	0.00
Hamblen	21	20	20	20	19	20	21	21	22	25	19.04
Hamilton	303	303	312	313	317	319	326	330	332	350	15.51
Hancock	2	1	1	2	1	1	- 1	1	. 1	· <u> </u>	(50.00)
Hardeman	15	15	12	11	11	11	10	10	11	10	(33.33)
Hardin	7	6	7	7	7	8		10	10	11	57.14
Hawkins	15	13	14	15	14	14	12	11	11	11	(26.66)
Haywood		9	11	11	9	9	9	9	8	8	(33.33)
Henderson	5	6	8	7	7	6	6		7	7	(40.00)
Henry	19	17	15	15	16	16	17	16	16	17	(10.52)
Hickman	3	3	3	3	4	4	4	4	4	3	0.00
Houston	1	2	2				2		2	3	200.00
Humphreys	7	7	6	8	8	8	8	8	8	7	0.00





of Physicians Recorded in Technessee Counties, 1961-70 (con.)

? <i>S</i>	1961	1962	1065	190% 3	िएक	1066	1067	1060	1060	1070	% Increase 1961-70
-	6	<del></del>	<u> </u>		Million -						
	12	7 12	$-\frac{5}{12}$		$\frac{5}{13}$	4	$\frac{5}{10}$	5	4	4	(33.33)
	2	$-\frac{12}{2}$	) <u>L</u>	¥	2	13	13	12	12	10	(16.66)
<u></u>	348		370	260		204	3	3	4	3	50.00
<del></del>	5	356		$\frac{368}{3}$	352	384	377	382	404	410	17.81
ale	10	$-\frac{4}{10}$	3		3	4	3	3	3	3	(40.00)
e C	13		11	11	11	11	9	10	10	8	(20.00)
<u>-</u>	3	12	$\frac{12}{3}$	13	13	13	11	12	13		7.69
· ·	15			4	4	3	6	1	2	2	(33.33)
	9	15	14	<u> 14</u>	13	13	14	16	15	15	0.00
<del></del> -		9	10	<u> </u>	9	9	9	9	8	8	(11.11)
	22	25	24	23	20	23	23	24	21	22	0.00
<del></del>	8	8	8	5	$\frac{7}{2}$	6	6	6	5	5	(37.50)
	5	- 4	3	5	6	6	5	5	5	5	0.00
	63	61	64:	64	67	67	70	72	73	77	22.22
	9	9	10	9	11	9	11	10	10	11	22.22
	14	12	12	12	13	13	12	14	13	14	0.00
	32	30	31	34	35	32	31	30	29	30	(6.25)
· ·	2	3	2	2	1	1	2	2	2	2	0.00
	12	11	13	13	12	13	14	12	11	11	( 8.33)
nery	33	32	34	34	37	39	38	40	39	41	24.24
	1	<u> </u>	1_	1	_ 1	1	1	1	1	1	0.00
	5	5	2	2	2	3	.2	2	2	2	(60.00)
	30	27	27	27	28	27	29	28	28	28	( 6.66)
	5	5	. 5	6	6	5	5	5	5	6	20.00
	2	2	2	2	2	2	2	2	2	1	(50.00)
	0	0	0	0	: 0	0	1_	0	2	3	100.00
	7	7	6	6	6	8	8	5	5	6	(14.28)
	20	20	17	. 19	. 20	20	20	20	2 i	. 24	20.00
·		8	8	7	9	9	8	8	8	9	28.57
. 11 11	22	24	23	23	24	23	22	21	21	21	( 4.54)
n	17	17	17	19	17	17	14	14	13	11	(35.29)
rd	34	43	49	53	56	50	50	54	54	54	58.82
	8	8	8	6	6	6	6	6	6	6	(25.00)
ie	3	2	2	2	2	2	2	<b>2</b> .	2	4	33.33
	9	10	12	11	12	12	10	10		13	44.44
	948	968	999	1,037	1,071		1.143	1,170	1,201	1.212	27.84
1, 2, 1	7	6	6	6	6	7	8	7	6	6	(14.28)
A STATE OF	5	5	4	4	4	3	3	3	4	4	(20.00)
	132	140	142	142	144	143	140	145	160	174	31.81
	20	21	22	22	21	22	23	18	21	21	5.00
	11	12	11	9	12	11	10	12	11	11	0.00
е	2	2	2	2	2	2	3	2	1	1	(50.00)
	8	8	8.,	. 7	7	6	5	4	6	4	(50.00)
	1.	1	1.	1	2	2:	2	1	1	1	0.00
	(3)	· 5 .	N 1 + 1								1 1 1

Number of Physicians Registered in Tennessee Counties, 1961-70 (con.)

Gounties	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	% Increase 1961-70
Van Buren	1	1	2	1	1	1	1	1	1	1	0.00
Warren	13	14	11	10	13	12	11	12	12	1.1	(15.38)
Washington	82	83	88	89	87	87	86	86	91	92	12.19
Wayne	2	3	3	3	3	2	2	. 3	3	2	50.00
Weakley	12	12	13	14	15	15	13	. 16	11	11	( 8.33)
White	7	7	8	8	8	8	7	7	8	7	0.00
Williamson	14	14	. 14	12	15	16	13	14	15	14	0.00
Wilson	15	18	15	17	16	16	16	16	16	17	13.33

STATE TOTAL 3,519 3,558 3,636 3,705 3,793 3,840 3,893 3,950 4,055 4,176 18.67%

Source: Directory of Doctors of Medicine Registered in Tennessee, State Licensing Board for the Healing Arts, May 1, 1962; May 1, 1963; May 1, 1964; May 1, 1965; May 1, 1966; May 1, 1967; May 1, 1968; May 1, 1969; May 1, 1970.

TABLE 5

DISTRIBUTION OF PHYSICIANS IN TENNESSEE BY GEOGRAPHICAL REGION, 1961-1970

State Regions         1961         1962         1963         1964         1965         1965         1967         1969         1970         1961-1967         1960         1970         1961-1967         1961-1967         1966         1967         <											·	
(4)(1)         968         999         1,037         1,071         1.083         1,143         1,170         1,201         1,212           85         61         64         67         67         70         72         73         77           224         215         207         218         217         216         215         207         (           1,235         1,244         1,282         1,308         1,356         1,425         1,458         1,496         774         835           638         646         661         696         692         729         736         749         774         835           1,019         1,037         1,048         1,090         1,108         1,135         1,141         1,156         1,178         1,244           1,019         1,090         1,108         1,135         1,141         1,156         1,178         1,244           303         312         313         317         318         326         330         332         346           983         332         333         326         327         338         338         336         346           983         140	State Regions	1961	1962	1963	1964	1965	9961	1961	8961	6961		% Increase 1961-1970
638         61         64         1,577         1,770         1,517         1,717         1,717         1,717         1,717         1,717         1,717         1,717         1,712         1,712         1,712         1,712         1,712         1,712         1,712         1,712         1,712         1,712         1,712         207         1,712         212         207         1,712         212         215         207         1           1,235         1,244         1,282         1,308         1,356         1,367         1,425         1,489         1,496         1,406         1,40	ennessee		896	666	1.037	1 0 2 1	1 083	1 149	1 170	1 201	010	27 040
224         215         219         07         07         72         73         77           1,235         1,244         1,282         1,308         1,356         1,367         1,425         1,489         1,496           1,235         1,244         1,282         1,308         1,356         1,367         1,425         1,489         1,496           638         646         661         696         692         729         736         749         774         835           381         391         387         394         416         406         407         404         409           1,019         1,037         1,048         1,090         1.108         1,135         1,141         1,156         1,178         1,244           1,019         1,037         1,048         1,090         1.108         1,135         1,141         1,156         1,244         1           343         356         370         388         382         384         377         382         346           983         356         370         1,046         1,041         1,044         1,072         1,106           132         140         142	ison Countin	400	19	666	15061	1,0,1	200.1	1,117	1,170	1,401	1,212	27.04%
224         215         219         207         218         217         212         216         215         207         (           1,235         1,244         1,282         1,308         1.356         1,367         1,425         1,458         1,499         1,496           638         646         661         696         692         729         736         749         774         835           381         391         387         394         416         406         405         407         404         409           1,019         1,037         1,048         1,090         1.108         1,135         1,141         1,156         1,244         409           1,019         1,037         1,108         1,135         1,141         1,156         1,244         410           303         312         313         317         318         326         329         326         346         404         410           334         356         377         382         384         377         382         346         404         410           332         333         326         343         338         336         346	County	CO .	10	04	04	/0	۵/	0/	7.2	73	7.7	22.22
1,235         1,244         1,282         1,308         1,356         1,367         1,425         1,458         1,489         1,496           638         646         661         696         692         729         736         749         774         835           381         391         387         394         416         406         405         407         404         409           1,019         1,037         1,048         1,090         1.108         1,135         1,141         1,156         1,178         1,244           1,019         1,037         1,048         1,090         1.108         1,135         1,141         1,156         1,178         1,244           332         303         312         313         384         377         382         404         410           332         332         327         336         343         338         332         346           983         992         1,008         1,035         1,046         1,044         1,072         1,106           132         140         142         144         143         140         145         160         174         3           <	er Counties	224	215	219	202	218	217	212	216	215	207	(7.58)
638         646         661         696         692         729         736         749         774         835           381         391         387         394         416         406         405         407         404         409           1,019         1,037         1,048         1,090         1.108         1,135         1,141         1,156         1,178         1,244           303         303         312         313         317         319         326         330         332         350           341         356         370         368         382         384         377         382         404         410           332         333         326         327         336         343         332         346           983         392         1,008         1,035         1,046         1,044         1,072         1,106           132         140         142         144         143         144         1,044         1,072         1,106           132         140         142         144         143         144         1,044         1,072         1,106           152         183         89	otal	1,235	1,244	1,282	1,308	1.356	1,367	1,425	1,458	1.489	1.496	21.13%
638         646         661         696         692         729         736         749         774         835           381         391         387         394         416         406         405         407         404         409           1,019         1,037         1,048         1,090         1.108         1,135         1,141         1,156         1,178         1,244           303         303         312         313         317         319         326         330         332         350           340         356         370         368         382         343         332         346         410           332         333         326         327         336         343         336         346         346           983         992         1,008         1,035         1,046         1,041         1,044         1,072         1,106           132         140         142         144         143         140         145         1,066           138         88         89         87         86         86         91         92         386           282         285         3,558	e Tennessee											
381         391         387         394         416         406         405         407         404         409           1,019         1,037         1,048         1,090         1.108         1,135         1,141         1,156         1,178         1,244           303         303         312         313         317         319         326         330         332         350         344         410           340         356         370         368         382         384         377         382         404         410           332         333         326         327         336         343         336         346         410           983         992         1,008         1,035         1,046         1,041         1,044         1,072         1,106           132         140         142         144         143         140         145         160         174         3           82         68         68         68         63         62         60         61         65         64         (           282         285         3,558         3,558         3,5176         3,584         3,583	idson County	638	646	661	969	692	729	736	749	774	835	30.87%
1,019         1,037         1,048         1,090         1.108         1,135         1,141         1,156         1,178         1,244           303         303         312         313         317         319         326         330         332         350           34B         356         370         368         382         384         377         382         404         410           332         333         326         327         336         343         332         346         410           983         392         1,008         1,035         1,046         1,041         1,044         1,072         1,106           132         140         142         144         143         140         145         1,106           132         83         88         89         87         86         86         91         92           282         286         298         299         294         292         286         292         316         1,055         4,176         1           3,519         3,558         3,550         4,176         1,055         4,176         1	er Counties	381	391.	387	394	416	406	405	407	404	409	7.34
303         303         312         313         317         319         326         330         332         350           34B         356         370         368         382         384         377         382         404         410           332         336         327         336         343         338         332         404         410           983         992         1,008         1,035         1,046         1,041         1,044         1,072         1,106           132         140         142         144         143         140         145         1,044         1,072         1,106           82         83         89         87         86         86         91         92           68         62         63         63         63         61         65         64         (           282         286         298         294         292         286         292         316         350         4,176         1           3,519         3,558         3,636         3,705         3,793         3,840         3,893         3,950         4,176         1           97         96	otal	1,019	1,037	1,048	1,090	1.108	1,135	1,141	1,156	1,178	1,244	22.08%
303         303         312         313         317         319         326         330         332         350           346         356         370         368         382         384         377         382         404         410           332         336         327         336         343         332         336         346         410           983         392         1,008         1,035         1,046         1,041         1,044         1,072         1,106           132         140         142         144         143         140         145         160         174           82         83         89         87         86         86         86         91         92           68         62         68         63         63         62         60         61         65         64         (           282         298         294         292         286         292         316         4,176         1           3,519         3,558         3,636         3,705         3,793         3,840         3,893         3,950         4,176         1           97         96         <	ennessee											
3446         356         370         368         382         384         377         382         404         410           332         336         327         336         343         338         332         346           983         992         1,008         1,035         1,046         1,041         1,044         1,072         1,106           132         140         142         144         143         140         145         160         174           82         83         88         89         87         86         86         91         92           68         62         68         63         63         62         60         61         65         64         (           282         285         298         294         292         286         292         316         30           3,519         3,558         3,558         3,550         4,176         1           97         96         97         99         99         99         104         107	nilton County	303	303	312	313	317	319	326	330	332	350	15.51%
332         336         326         343         338         332         336         346           983         992         1,008         1,008         1.035         1,046         1,041         1,044         1,072         1,106           132         140         142         144         143         140         145         160         174           82         83         88         89         87         86         86         91         92           68         62         68         63         62         60         61         65         64         (           282         285         298         294         292         286         292         316         330           3,519         3,558         3,636         3,705         3,793         3,840         3,893         3,950         4,176         1           97         96         97         99         99         99         99         104         107	x County	3413	326	370	368	382	384	377	382	404	410	17.81
983         992         1,008         1,008         1.035         1,046         1,041         1,044         1,072         1,106           132         140         142         144         143         140         145         160         174         3           82         83         88         89         87         86         86         91         92           68         62         68         63         62         60         61         65         64         (           282         285         298         299         294         292         286         292         316         330           3,519         3,558         3,636         3,705         3,793         3,840         3,893         3,950         4,176         1           97         96         97         97         99         99         99         99         104         107	er Counties	332	333	326	327	336	343	338	332	336	346	4.21
132         140         142         144         143         140         145         160         174           82         83         88         89         87         87         86         86         91         92           68         62         68         63         63         62         60         61         65         64         (           282         285         298         299         294         292         286         292         316         330           3,519         3,558         3,636         3,705         3,793         3,840         3,893         3,950         4,176         1           97         96         97         97         99         99         99         99         104         107	otal	983	992	1,008	1,008	1.035	1,046	1,041	1,044	1,072	1.106	12.51%
132         140         142         144         143         140         145         160         174           82         83         88         89         87         87         86         86         91         92           68         62         68         63         62         60         61         65         64         (           282         285         298         294         292         286         292         316         330           3,519         3,558         3,636         3,705         3,793         3,840         3,893         3,950         4,176         1           97         96         97         97         99         99         99         104         107	East Tennessee						}					
82         83         88         89         87         86         86         91         92           68         62         63         62         60         61         65         64         (           282         285         298         294         292         286         292         316         330           3,519         3,558         3,636         3,705         3,793         3,840         3,893         3,950         4,176           97         96         97         97         99         99         99         104         107	van County	132	140	142	142	144	143	140	145	160	174	31.81%
68         62         68         63         62         60         61         65         64         (           282         285         298         299         294         292         286         292         316         330           3,519         3,558         3,636         3,705         3,793         3,840         3,893         3,950         1,055         4,176           97         96         97         99         99         99         104         107	hington County	82	83	88	68	87.	87	98	98	91	92	12.19
282         285         298         294         292         286         292         316         330           3,519         3,558         3,636         3,705         3,793         3,840         3,893         3,950         4,176           97         96         97         97         99         99         99         104         107	er Counties	89	62	89	89	69	62	09	61	65	64	( 5.88)
3,519     3,558     3,636     3,705     3,793     3,840     3,893     3,950     1,055     4,176       97     96     97     99     99     99     99     104     107	otal	282	285	298	299	294	292	286	292	316	330	17.02%
97 96 97 99 99 99 99 104 107	D TOTAL	3,519	3,558	3,636	3,705	3,793	3,840	3,893	3,950	1,055	4,176	18.67%
57 59 59 59 104 107	MDs per 100,000	40	90	7.0	0.7	C		8	8	70,	.01	100000
	206623112	31	OC	16	31	33	99	99	99	104	10/	10.30%

Source: Directory of Doctors of Medicine Registered in Tennessee, State Licensing Board for the Healing Arts, May 1, 1962; May 1, 1963; May 1, 1964; May 1, 1965; May 1, 1966; May 1, 1969; May 1, 1970,

TABLE 6
Physicians Registered in Tennessee, 1970

Location	General Practice	Specialists	Othe#*	Total Physiciens	Ratios of MD's Per 100,000 Population
West Tennessee					
Shally County	166	802	244	1,212	166
Madison County	9	64	4	. 77	119
Other Counties	144	57	6	207	52
Total	319	923	254	1,496	126
Middle Tennessee		· ·			. 4
Davidson County	76	644	115	835	185
Other Counties	250	148	11	409	52
Total	326	792	126	1,244	101
East Tennessee					
Hamilton County	62	265	<b>2</b> 3	350	142
Knox County	91	287	32	410	149
Other Counties	186	149	11	346	59
Total	339	701	66	1,106	100
Upper East Tenness	iee'				
Sullivan County	41	129	4	174	138
Washington County	16	73	3	92	126
Other Counties	49	14	1	64	41
Total	106	216	8	330	93
STATE TOTAL	1,090	2,632	454	4,176	107

<sup>\*</sup>Includes Interns, Residents, and those not in practice. Teachers who are GP's are included under GP's; teachers who are specialists are included under specialists.

Source: Directory of Doctors of Medicine Registered in Tennessee, State Board for the Healing Arts, May 1, 1970.



TABLE 7
Percentage Increase in the Number of Registered Physicians in Tennessee, 1961 to 1970

Location	General Practice	Specialists	Other*	Total Physiciams	MD's per 100,000 Population
West Tennessee	<del></del>	<del> </del>			
Shelly County	(13.98)%	41.19%	30.48%	27.84%	12.92%
Madistro County	(25.00)	68.00	300.00	22.22	74.42
Other Counties	(18.64)	39.0 <b>2</b>	0.00	(7.58)	( 7.14)
TOTAL	(16.49)%	40.06%	30.92%	21.13%	13.51%
Middle Temmessee					
Davidson County	(11.62)%	44.07%	9.52%	30.87%	17.08%
Other Counties	(14.08)	80.48	37.50	7.34	(1.88)
TOTAL	(13.52)%	49.71%	11.50%	22.08%	10.98%
East Vennessee					
Hamilton County	(22.50)%	28.64%	35.29%	15.51%	15.44%
Knox County	( 4.21)	31.65	( 8.57)	17.81	7.19
Other Counties	(17.33)	53.60	10.00	4.21	1.72
TOTAL	(15.25)%	34.54%	6.45%	12.51%	8.69%
Upper East Tennessee		:			
Sullivan County	13.88%	38.70%	33.33%	31.81%	23.21%
Washington County	(30.43)	25.86	200.00	E2 19	1.61
Other Counties	( 7.54)	0.00	0.0秒	( 5:88)	(10.86)
TOTAL	( 5.35)%	30.90%	60.00%	17.02%	9.41%
STATE TOTAL	(14.24)%	40.44%	21.39%	18.67%	10.30%

<sup>\*</sup>Includes Interns, Residents, and those not in practice.

Source: Directory of Doctors of Medicine Registered in Tennessee, State Board for the Healing Arts, May 1, 1970.



Those percentages which are in parenthesis indicate a decrease from 1961 to 1970.

TABLE 8

Number of Physicians, Hospital Beds, Population, and Per Capita Personal Income in Tennessee Counties, 1988

Counties	No. of Physician in County (1968)	rs No. of Hospital Beds in County (1968)	1968 Population of County	Per Capita Income 1968
Anderson	68	281	62,443	d/
Bedford	16	97	25,621	2,590
Benton	7	60	12,008	1,604
Bledsoe	2	14	8,295	989
Blount	46	210	62,324	d/
Bradley	31	182	47,501	2,386
Campbell	10	105	27,366	1,573
Cannon	3	91	8,310	1,473
Carroll	10	76	25,574	1,802
Carter	18	110	43,148	1,908
Cheatham	2	0	12,394	1,732
Chester	3	6	10,357	1,550
Claiborne	6	61	18,782	1,428
Clay	3	16	7,512	1,099
Cocke	6	66	26,692	1,550
Coffee	20	149	34,830	2,766
Crockett	6	0	14,789	1,793
Cumberland	16	82	21,493	1,596
Davidson	749	6,547	447,143	3,274a/
Decatur	5	37	9,268	2,408
Dekalb	4	45	11,240	1,758
Dickson	12	131	22,781	1,942
Dyer	25	162	30,630	2,478
Fayette	7	27	25,685	1,322
Fentress	6	70	14,335	1,085
Franklin	12	162	28,205	1,783
Gibson	27	222	50,751	3,069
Giles	11.	56	23,314	2,054
Grainger	2	0	13,360	941
Greene	24	231	48,360	1,912
Grundy	1	26	11,466	1,277
Hamblen	21	147	39,690	2,665
Hamilton	330	1,566	256,381	3,046b/
Hancock	1	16	7,756	1,021
Hardeman	10	2,656	24,992	1,640
Hardin	10	51	19,787	1,691
Hawkins	11	68	33,674	2,245
Haywood	9	50	23,237	1,641
Henderson	6	49	17,431	1,895
Henry	16	125	23,361	2,393



#### Number of Physicians, Hospital Beds, Population, and Per Capita Personal Income in Tennessee Counties, 1968 (continued)

			- (continue)	
	No. of Physician	s No. of Hospital	1968	Per Capita
Counties	in County (1968)	Beds in County (1968)	Population of County	Income 1968
=======	<del></del>			<del></del>
Hickman	$\frac{4}{2}$	36	12,044	1,643
Houston	2	0	5,880	1,721
Humphreys	8	24	11,938	3,060
Jackson	5	40	8,653	1,540
Jefferson	12	103	25,886	1,960
Johnson	3	0	11,550	1,397
Knox	382	4,481	267,661	2,877c/
Lake	3	0	10,026	1,492
Lauderdale	10	64	23,417	1,720
Lawrence	12	123	30,411	2,027
Lewis	1	32	6,657	2,187
Lincoln	16	150	26,107	1,878
Loudon	9	47	24,594	1,996
McMinn	24	105	35,730	2,606
McNairy	- 6	49	17,750	1,632
Macon	5	33	12,405	1,553
Madison	72	400	64,714	2,419
Marion	10	72	21,638	1,844
Marshall	14	159	18,222	2,278
Maury	30	175	46,185	2,437
Meigs	2	0	5,074	1,451
Monroe	12	89	24,308	1,602
Montgomery	40	198	69,684	2,466
Moore	1	0	3,594	2,173
Morgan	2	0	14,464	1,214
Obion	28	269	29,744	2,530
Overton	5	55	15,282	1,347
Perry	2	24	5,197	1,955
Pickett	0	0	4,195	1,548
Polk	5	40	12,967	1,938
Putnam	20	97	32,911	2,005
Rhea	8	45	17,017	2,020
Roane	21	149	38,829	1,873
Robertson	14	92	30,461	1,631
Rutherford	54	1,539	63,681	2,020
Scott	6	60	16,182	1,311::
Sequatchie	2	26	6,699	1,331
Sevier	10	44	22,202	2,167
Shelby	1,170	6,392	734,542	2,991
Smith	7	69	11,974	1,600
	the state of the s			
Stewart	3	11 A 1 0 1 1 1 1	7,476	1,984



#### Number of Physicians, Hospital Beds, Population, and Per Capita Personal Income in Tennessee Counties, 1968 (continued)

Counties	No. of Physician in County (1968)	s No. of Hospital Beds in County (1968)	1968 Population of County	Per Capita Income 1968
Sumner	18	108	54,154	c/
Tipton	12	59	30,293	1,560
Trousdale	2	23	5,149	2,479
Unicoi	4	48	15,627	2,218
Union	1	0 .	9,741	762
Van Buren	1	0	3,563	1,852
Warren	12	112	26,031	2,340
Washington	. 86	992	69,854	2,257
Wayne	3	33	12,970	1,713
Weakley	16	92	26,107	2,068
White	7	57	16,244	2,073
Williamson	14	78	30,859	1,917
Wilson	16	72	38,269	e/
STATE TOT	AL 3,950	31,752	3,975,000	

- a/ Includes Davidson, Sumner, and Wilson Counties
- b/ Includes Walker County, Georgia
- c/ Includes Knox, Anderson, and Blount Counties
- d/ Included in Knox County
- e/ Included in Davidson County

Sources: Directory of Doctors of Medicine Registered in Tennessee, State Board for the Healing Arts, May 1, 1968

1968 Directory of Hospitals

Tennessee Survey of Business, Vol. 6, No. 1, September, 1970, p. 6



TABLE 9

PHYSICIANS PRACTICING IN TENNESSEE BY AREA OF SPECIALIZATION AND BOARD CERTIFICATION

Regions in State	General Practice Total No. No.	ral tice Vo. Cert.	Medical Specialties Total No. No. Cert	Medical Specialties of No. No. Cert.	Surgical Specialties Total No. No. Cert	ical alties No. Cert.	Ot Spec Total No.	Other Specialties Total No. No. Cert.	Specialty Unknown	Total No.	Total Physicians	ians % Cert.
West Tennessee				Vices								
Shelby County	158	က	395	170	537	269	258	C.	151	1,499	554	37.0%
Madison County	11	0	20	14	30	22	13	7	5	79	43	54.4
Other Counties	123	0	23	2	37	18	21	9	11	215	26	12.1
Total	292	3	438	186	604	309	292	125	167	1,793	623	34.7%
Middle Tennessee,												
Davidson County,	71	က	345	140	416	179	220	101	9.5	1,147	423	36.5%
Other Counties	221	0	48	13	68	31	49	56	29	435	73	16.8
Tctal	292	3	393	153	505	210	569	127	124	1,582	496	31.4%
East Tennessee			3									7
Knox County	/8	o	<b>2</b> 2	51	142	87	88	20	34	435	188	43.2%
Hamilton County	54	-	75	39	169	98	71	36	18	387	165	42.6
Other Counties	173	1	40	.19	78	44	20	24	19	360	88	24.4
Total	314	2	199	109	389	220	209	110	71	1,182	441	37.3%
Upper East Tennessee												
Sullivan County	32	1	40	18	57	38	32	22	5	991	79	47.6%
Washington County	22	0	25	17	43	35	19	13	10	119	65	54.6
Other Counties	46	0	2	1	9	4	8	5	2	64	10	15.6
Total	100	1	29	36	106	77	59	40	17	349	154	44.1%
STATE TOTAL	866	9	1,097	484	1,604	816	829	406	378	4,906	1,715	35.0%

Source: American Medical Association Physicians Record Tape, 1970



TABLE 10 New Medical Licenses Issued, 1961 and 1968

					and the second of the second o
States	1961		1968		% Change 1968 Over 1961
United States	8,023		9,766	* .	21.72%
Southeastern States	1,834		1,813	14.	(1.14)
Alabama	66	Barbara Carlo	69	1.3	4.54
Arkansas	80		81		1.25
Florida	200		167	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(15.50)
Georgia	204	,i' .	229		12.25
Kentucky	94	44 (124.1)	206	* 11 × 1 × 1	119.14
Louisiana	218	1.	241	. 1	10.55
Mississ pi	108	·	126		16.66
North Carolina	194	400	187		(3.60)
South Carolina	70	7 1 x 3 x 4	70		0.00
Tennessee	202	1.0	133		(34.15)
Virginia	367		267		(27.24)
West Virginia	31		37	Francisco	19.35

Source: Journal of the American Medical Association, Vol. 180, No. 10, June 9, 1962, Vol. 208, No. 11, June 16, 1969.

TABLE 11

Age Distribution of Physicians in 1967

u	al													•	
Median	Age Interva	40-44	40-44	40-44	40-44	45-49	40-44	40-44	40-44	40-44	40-44	40-44	40-44	40-44	45-49
	75 and Over	12,781	2,618	166	118	721	232	162	163	137	222	118	208	248	123
	70-74	5,720	1,485	85	46	507	91	75	91	41	147	57	120	153	72
	69-59	14,361	2,155	123	75	541	180	161	130	72	248	101	176	231	117
i	60-64	20,557	2,944	181	123	607	239	20+	221	124	359	136	240	356	154
	55-59	26,510	3,854	263	139	705	356	237	318	150	386	172	350	517	208
	50-54	29,151	4,697	331	184	835	439	325	443	170	517	246	474	508	225
	45-49	35,302	6,258	406	250	1,141	656	443	521	278	707	311	593	722	230
- :	40-44	40,395	7,208	454	275	1,377	737	478	624	288	783	346	712	885	249
	35-39	41,179	7,099	442	569	1,394	741	487	645	280	793	349	634	863	202
	30-34	42,399	7,193	431	246	1,158	840	517	708	295	827	386	692	922	171
	Un.zer 30	J.	5,127	293	146	730	290	283	.643	162	573	251	288	739	129
	Total Physicians	306,970 34,61	50,638	3,175	1,871	9,716	5,101	3,422	4,507	1,997	5,565	2,473	4,787	6,144	1,880
	P		States								ıa	na			<b>3</b>
		nited States	Southeastern States	labama	ınsas	da	gia	Kentucky	ouisiana	Mississippi	North Carolina	South Carolina	[ennessee	'irginia	Vest Virginia
		Unit	Sout	Alab	Arkansas	Florida	Georgia	Kent	Loui	Miss	Nort	Sout	Tenn	Virg	West

Source: C. N. Theodore and J. N. Haug, Selected Characteristics of the Physician Population, 1963 and 1967. Chicago: American Medical Association, 1968.

TABLE 12

PROJECTED NUMBER OF ACTIVE PHYSICIANS IN TENNESSEE AND THE NUMBER WHICH MUST BE REPLACED DUE TO DEATH TO 1980

Year		Active MDs in Tennessee	No. of MDs Per 100,000 Population	MDs To Be Replaced Due To Death*
Actual				00
1963		4,183	113	88
1967	·	4,634	119	81
Projected 1968		4,759	$\begin{array}{lll} (M \otimes N) & \text{if } i \in \{0, \dots, n\} \\ (M \otimes N) & \text{if } i \in \{0, \dots, n\} \\ (M \otimes N) & \text{if } i \in \{0, \dots, n\} \end{array}$	95
1969		4,887		98
1970		5,019	128	100
1971		5,134		118
1972		5,273		122
1973		5,415		125
1974		5,561		128
1975		5,687	131	131
1976	44.5	5,810		134
1977	11.	5,935		137
1978		6,063		139
1979	e.	6,194		142
1980		6,300	138	145
Net Incre 1980 ove	ease in MDs r 1967	in 1,666		
	Ds To Be I, 1970—198	30		1,421

<sup>\*</sup> The number of active physicians (AMA Count) who die in Tennessee each year was not available. The figures show the number of deaths in 1963 and 1967-69 represent the number of registered physicians in Tennessee who died. These constitute approximately 2.3% of the registered physicians. It is thus assumed that 2.3% of active physicians will die each year. Projections of deaths among active physicians for the years 1970-80 are based on that 2.3% rate.

Source for Actual No. Active MDs in Tennessee:
C. N. Theodore and J. N. Haug, Selected Characteristics of the Physician Population, 1963 and 1967. Chicago: American Medical Association, 1968.

Source for Actual No. MDs Who Died 1963, 1967 through 1969:

Directory of Doctors of Medicine Registered in Tennessee, State Board for the Healing Arts, May 1, 1963, May 1, 1967, May 1, 1968, May 1, 1969, and May 1, 1970.

TABLE 13
Physicians in Tennessee Who Were Born in Tennessee

	•	the state of the s	•	
		MDs Reporting		
	Total No.	Place of	MDs Born	Col. 3 as
Regions	of MDs	Birth	in Tenn.	% Col. 2
West Tennessee				
Shelby County	1,499	1,456	618	42.2%
Madison County	79	79	49	62.0
Other Counties	215	213	155	72.8
Total	1,793	1,748	822	47.0%
Middle Tennessee				
Davidson County	1,147	1,100	351	31.9%
Other Counties	435	421	265	62.9%
Total	1,582	1,521	616	40.5%
East Tennessee				
Knox County	435	423	227	53.7%
Hamilton County	387	374	132	35.3
Other Counties	360	353	188	53.3
Total	1,182	1,150	547	47.6%
Upper East Tennessee				
Sullivan County	166	166	54	32.5%
Washington Count	y 119	113	41	36.3
Other Counties	64	63	36	57.1
Total	349	342	131	38.3%
STATE TOTAL	4,906	4,761	2,116	44.4%
				<del></del> _

Source: American Medical Association Physicians Record Tape, 1970.

TABLE 14

Physicians in Tennessee Who Graduated From A Tennessee Medical School

Total Tenn. Grads	%			73.4	83.7	65.8%		i	69.4	59.0%		280 64.3%	37.7	61.7	54.8%		33.1%	38.6	6.09	40.1%	59.5%	
Total Te	No.		941	28	180	1,179		632	302	934		280	146	222	648		55	46	39	140	2,921	
Grads of Tenn. School	%		1.0%	0.0	1.4	1.0%		0.3%	6.0	0.5%		1.1%	0.3	1.4	0.9%		%9.0	1.7	9.1	1.1%	0.8%	
Grads of Extinct Tenn. School	No.		. 15 1	0 0	3 1	18 1		4 (	4 (	) 8		5	1 (		, 11 (		1	2	1	4	41 (	
Grads of MMC	%		1.4%	1.2	0.0	1.3%		8.6%	1.8	%8.9		%9.0	1.2	9.0	0.8%		0.0%	0.0	0.0	%0.0	2.8%	
	, No.		21	-	2	6 24		66 9	8	6 107		3	5	2	<b>6</b> 10		0 %	0	0	0 %	7 141	
Grads of VU	No. %		31 2.0%	20 25.3	17 7.9	68 3.8%		375 32.6%	64 14.7	439 27.7%		21 4.8%	33 8.5	21 5.8	75 6.3%		3 1.8%	7 5.8	3 4.7	13 3.7%	615 12.5%	
Grads of UT C	1 %		58.3%	46.8	73.5	59.6%		13.4%	52.0	380 24.0%		57.7%	27.6	53.9	552 46.7%		30.7%	31.0	54.7	35.2%	43.2%	
	No.		874	37	158	1,069		154	226	380		251		194			51		35	123	2,124	
Total No.	of MDs		1,499	79	215	1,793		1,147	435	1,582		435	387	360	1,182		166	v 119	64	349	4,906	
	State	essee	Sounty	Madison County	ounties		nnessee	Davidson County	Counties		00330	ounty	Hamilton County	Counties		Ubber East Tennessee	Sullivan County	Washington County	Other Counties		STATE TOTAL	
	Regions of State	West Tennessee	Shelby County	Madison	Other Counties	Total	Middle Tennessee	Davidso	Other Counties	Total	Fact Tonnessoe	Knox County	Hamilto	Other Counties	Total	Upper Ea	Sullivan	Washing	Other (	Total	STA	

Source, American Medical Association Physicians Record Tape, 1970.

TABLE 15
PHYSICIANS IN TENNESSEE WHO TOOK THEIR INTERNSHIP
TRAINING IN TENNESSEE

			the state of the s	
Regions	Total No.	No. MDs Witt Place of Interr Reported		Col. 3 as % Col. 2
West Tennessee				
Shelby County	1,499	1,353	704	52.0%
Madison County	79	73	29	39.7
Other Counties	215	189	103	54.5
Total	1,793	1,615	836	51.8%
Middle Tennessee				Age 1
Davidson County	1,147	1,122	521	46.4%
Other Counties	435	400	196	49.0
Total	1,582	1,522	717	47.1%
East Tennessee				
Knox County	435	414	193	46.6%
Hamilton County	387	361	122	33.8
Other Counties	360	326	147	45.1
Total	1,182	1,101	462	42.0%
Upper East Tennessee				
Sullivan County	166	154	34	22.1%
Washington County	119	106	23	21.7
Other Counties	64	54	29	53.7
Total	349	314	86	27.4%
STATE TOTAL	4,906	4,552	2,101	46.2%
	A Like Charthar	Subtraction of the	and the second second second	

Source: American Medical Association Physicians Record Tape, 1970.

TABLE 16
PHYSICIANS IN TENNESSEE WHO TOOK THEIR RESIDENCY
TRAINING IN TENNESSEE

Regions of State Total No.	No. MDs With Place of Res. Reported	No. MDs With Tenn. Residency	Col. 3 As % Col. 2
West Tennessee			
Shelby County 1,499	1,072	659	61.5%
Madison County 79	59	25	42.4
Other Counties 215	85	44	51.8
Total 1,793	1,216	728	59.9%
Middle Tennessee			
Davidson County 1,147	880	556	63.2%
Other Counties 435	219	118	53.9
Total 1,582	1,099	674	61.3%
East Tennessee			
Knox County 435	303	134	44.2%
Hamilton County 387	297	146	49.2
Other Counties 360	191	84	44.0
Total 1,182	791	364	46.0%
Upper East Tennessee		The grant Art	
Sullivan County 116	113	18	15.9%
Washington County 119	80	12	15.0
Other Counties 64	14	7	50.0
Total 349	207	37	17.9%
STATE TOTAL 4,906	3,313	1,803	54.4%

Source: American Medical Association Physicians Record Tape, 1970.

TABLE 17
ENROLLMENT IN MEDICAL COLLEGES OF THE SOUTHEAST

1968-69	339	395	332	246	578	293	393	989	300	367	299	510	206	1,016	319	287	333	226	846	700	320	738	227	278	1,243
1967-68	325	388	329	237	266	290	388	8/9	291	370	199	. 513	508	1,021	306	288	329	224	841	, c	302	695	217	251	1,163
19-9961	312	370	312	236	548	280	383	663	276	363	639	516	510	1,026	298	284	323	214	821	000	308	672	506	234	1,112
1965-66	297	361	305	232	537	286	379	665	282	353	645	513	507	1,020	289	279	331	210	820		309	889	211	226	1,125
1964-65	300	361	302	224	526	290	383	673	263	344	209	512	509	1,021	- 286	274	333	206	813	0+0	312	713	506	229	1,148
1963-64	296	348	298	207	505	295	371	999	229	341	570	507	499	1,006	285	264	343	198	805	,,	316	740	198	240	1,178
1962-63	298	341	292	189	481	294	369	663	168	340	508	200	490	066	289	257	336	204	797	0001	307	730	192	255	1,177
1961-62	300	331	277	185	462	285	368	653	100	344	444	482	499	981	282	259	319	211	789	901	201	751	194	263	1,208
19-096	300	336	586	179	465	287	398	653	- 40	359	399	460	499	959	274	258	313	215	98/	000	cnc	759	200	263	1,222
			100								The state of the state of					Cerolina	Alakin, on die								
	Alabama	kansas	<b>:</b>	da			Georgia		ntucky	ouisville		University	У		ississippi	- 1	ersity	ray		hool of	ıına	nnesse	ersity	l College	
	School or	ity of Ar	of Miar	y of Flori		Iniversity	Medical School of Georgia		sity of Ke	University of Louisville		na State 1	Tulane University		sity of M	Iniversity	Duke University	Bowman Gray	Total	fedical Sc	South Carolina	sity of Te	Vanderbilt University	ry Medica	Total
ns	Alabama: Medical School of Alabama	Arkansas: University of Arkansas	Florida: University of Miami	University of Florida	Total	Georgia: Emory University	Medical S	Total	Kentucky: University of Kentucky	Univer	Total	Couisiana: Louisiana State Universi	Tulane	Total	Mississippi: University of Mississippi	North Carolina: University of North	I	<b>B</b>		South Carolina: Medical School of	<u> </u>	I ennessee: University of Tennesse	Vander	Meharry Medical Colleg	
Institutions	Alabama	Arkansas	Florida:			Georgia:			Kentucky			Louisiana			Mississipi	North C.				South Ca	E	1 ennesse			
eg int						٠, ١		, 1		٠.		100	1		٠.		4		5						

ENROLLMENT IN MEDICAL COLLEGES OF THE SOUTHEAST (continued)

Institutions	19-0961	1961-62	1962-63	1963-64	1964-65	1965-66	19-9961	1967-68	69-8961
Virginia: University of Virginia	292	272	288	292	295	295	295	302	319
Medical College of Virginia	331	318	308	315	328	341	375	416	451
0	623	590	596	607	623	636	0/9	718	770
West Virginia: West Virginia University	109	160	206	219	238	237	231	247	, 250
GRAND TOTAL	6,429	6,501	6.653	6,801	806'9	6,941	866'9	7,216	7,435

Journal of the American Medical Association, Vol. 178, No. 6, November 11, 1961; Vol. 182, No. 7, November 17, 1962; Vol. 186, No. 7, November 16, 1963; Vol. 198, No. 7, November 15, 1965; Vol. 198, No. 8, November 21, 1966; Vol. 212, No. 8, November 20, 1967; Vol. 206, No. 9, November 25, 1968; Vol. 210, No. 8, November 24, 1969. Source:

Ala al **I**05 Cor I)is Flo Gec Illir Inci Tow Kar Ker Lou Ma Ma: Nic Mir Nis Nis Neb Nev Nev Nev Nor <del>Chi</del>  $\bigcirc$ k1 Ore. Pen Sou Ten Tex Uta Ver V11-E Was

Wes Wis

Soui

1-I-

TABLE 18

ENROLLMENT IN APPROVED MEDICAL SCHOOLS
OF THE UNITED STATES BY STATE, 1968-69

	<u> 18 - Park Barton</u> e, produce i de la compa	
States	1968-69 Enrollment	Rank Order of State
Alabama	339	29
Arkansas	395	25
California	2,147	4
Colorado	360	26
Connecticut	347	28
District of Columbia	1,271	9
Florida	578	21
Georgia	686	18 A 4 1
Illinois	2,306	3
ndiana	857	14
lowa	494	22
Kansas	483	23
Kentucky	667	20
Louisiana	1,016	12
Maryland	894	13
Massachusetts	1,341	7
Michigan	1,338	8
Minnesota	685	19
Mississippi	319	32
Missouri	1,178	11
Vebraska	667	20
New Jersey	306	
New Mexico	97	37
Vew York	4,431	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
North Carolina	846	(g. 1911) - 70 (b. 1 <b>15</b> ) - 1911 - 1913
Ohio	1,392	5
Oklahoma	418	24
Dregon	351	27
Pennsylvania	2,846	2
outh Carolina	326	31
<b>Cennessee</b>	1,243	10
Texas Texas	1.368	6
Jtah	259	34
Vermont	232	36
/irginia	770	17 (1)
Vashington	334	30
Vest Virginia	250	35
Visconsin	815	16
OTAL	34.652	

ource: Journal of the American Medical Association, Vol. 210, No. 8, November 24, 1969.



## TABLE 19

RATIO OF ENTERING MEDICAL STUDENTS TO POPULATION, TO BACHELOR'S DEGREES AWARDED, AND PER CAPITA PERSONAL INCOME RANKING BY STATE, 1968-69

Per Capita	
Rank Per I,000 Bachelor's Rank Pesonal	Rank
S E States Nation Degrees Awarded S E States Nation Income	ates ivation
20	
States	
233 10 44	49
61	50
20 10 20 25	29
7.0	40
0.77	45
7,67,7	
1 2,615 4 11 2,615 4	45
44.5	51
1.0 9.6 11 50	44
4.2	
1.3 0 0 1.3 E. 19	46
0.0	30
1076 00 0 1010	8 47
rginia 4.2 7 33 12.9 9 30 4,731	

Source: Journal of the American Medical Association, November 24, 1969, Vol. 210, No. 8.

## TABLE 20

GRADUATES FROM SOUTHEASTERN MEDICAL SCHOOLS

Institutions	1960-61 1961-62	19-19	1962-63	1963-64	1963-64 1964-65 1965-66	1965-66	19-9961	89-2961	1968-69
Alabama: Medical School of Alabama	76	29	9/.		29	89	74	71	82
Arkansas: University of Arkansas	82	74	77	74	80	79	87	84	91
Florida: University of Miami	69	09	63	29	73	69	69	77	75
University of Florida	41	42	40	44	43	55	59	55	57
Total Colonial Colonia Colonia Colonial Colonia Colonia Colonia Colonia Colonia Colonia Colonia Coloni	110	102	103	111	.116	124	128	132	132
Georgia: Emory University	69	. 63	70	70	71	72	- 64	99	64
Medical School of Georgia	84	. 80	88	85	91	91	92	93	89
State of Total State of Section 1997	153	143	158	155	162	163	156	159	153
Kentucky: University of Kentucky	0	0	0	32	9†	89	09	58	70
University of Louisville	85	62	88	79	89	88	84	92	87
Total	85	19	88	111	114	156	144	150	157
Louisiana: Louisiana State University	101	102	112	111	118	118	125	115	121
Tulane University	115	129	119	109	126	118	128	122	121
of the second of	216	231	231	220	244	236	253	237	242
Mississippi: University of Mississippi	54	62	64	70	59	89	89	65	75
North Carolina: University of North Carolina	09	62	59	58	63	65	74	89	29
Duke University	81	77	81	84	85	81	80	83	9/
Bowman Gray	53	49	54	43	49	49	51	52	53
Total **	194	188	194	185	197	195	205	203	196
South Carolina: Medical School of									
South Carolina	72	89	. 20	74	8	89	8	99	72
Tennessee: University of Tennessee	177	177	168	187	156	170	150	141	162
Vanderbilt University	51	20	43	43	47	53	48	50	47
Meharry Medical College	54	54	71	62	47	53	50	49	53
Total	282	281	282	292	260	276	248	240	262
Virginia: University of Virginia	74	55	61	99	29	69	69	69	70
->: I	68	88	- 67	71	78	73	78	80	100
Total	163	143	128	137	145	142	147	149	170
rsity	0	16	43	40	58	54	53	59	56
GRAND TOTAL	1,487 1,	,454	1.514	1,466	1,582	1,629	1,643	1,615	1,688

Source: Journal of the American Medical Association, Vol. 178, No. 6, November 11, 1961; Vol. 182, No. 7, November 17, 1962; Vol. 186, No. 7, November 16, 1963; Vol. 198, No. 8, November 16, 1964; Vol. 194, No. 7, November 15, 1965; Vol. 198, No. 8, November 16, 1967; Vol. 206, No. 9, November 25, 1968; Vol. 210, No. 8, November 24, 1969.



GRADUATES OF MEDICAL SCHOOLS BY STATE WITH RANK ORDERS FOR PER CAPITA INCOME & POPULATION 1968-69 TABLE 21

	Grads. of		Total Grad								
	Public Med.	Rank	of all Med.		: % Pub	lic Grads	Rank % Public Grads Per Capita		Rank F	Population	Rank
States	Schools	Order	Schools in State		r of Tot	al Grads	Income			in 1,000's	Order
Alabama	82	20	82	28		100%	\$2,329	49	6	3,533	21
Alaska	0	0	0	0		0	4,124		4	271	51
Arizona	0	0	0	0		0	2,983	33	3	1,637	34
Arkansas	91	16	91	25		100	2,304	50	0	1,972	32
California	274	3	473	4		58	4,012		5	18,992	-
Colorado	9/	22	9/	-30		100	3,371	21		3,012	30
Connecticut	0	0	11	29		0	4,231		2	2,918	24
Delaware	0	0	0	0		0	3,888		6	524	47
District of Columbia	0	0	287	8		0	4,516		1	808	40
Florida	57	28	132	21		43	3,081	29	6	6,035	6
Georgia	89	17	153	18		58	2,743	40	0	4,490	15
Hawaii	0	0	0	0		0	3,514	1	15	260	41
Idaho	0	0	0	0		0	2,728	41	1	701	42
Illinois	188	9	540	3	•	35	3,994		9	10,887	4
Indiana	184	7	184	15		100	3,421	1	17	5,012	12
Iowa	123	11	123	22		100	3,391	2	20	2,772	25
Kansas	112	13	112	23		100	3,333	2	2	2,281	29
Kentucky	70	25	147	19		48	2,597	4	45	3,201	23
Louisiana	121	12	242	11		50	2,615	4	43	3,663	19
Maine	0	0	0	0		0	2,857	3	37	982	38
Maryland	121	12	212	12		57	3,712		1	3,680	18
Massachusetts	0	0	340	5		0	3,796	1	0	5,434	10
Michigan	318	2	318	1		100	3,674	**************************************	3	8,608	7
Minnesota	159	10	159	17		100	3,318	Ġ	24	3,625	20
Mississippi	75	23	75	31		100	2,057	5	51	2,344	28
Missouri	84	19	265	6		32	3,220	2	26	4,587	13

Graduates of Medical Schools by State With Rank Orders for Per Capita Income & Population 1968-69 (continued)

			111111111111111111111111111111111111111	( , , , ,				
		$T_{c}$	1.0					
States	ruonc Mea. Kank Schools Order	of all Med. Schools in State	Kank % Order of	% Public Grads Per Capita of Total Grads Income	Pcr Capita Income	Rank I Order	Population in 1,000s	Rank Order
Montana	0 0	0	0	0	2,917	34	669	43
Nebraska	80	146	20	55	3,220	27	1,443	35
Nevada	0		0	0	3,992	7	436	48
New Hampshire	0	0	0	0	3,268	25	691	4
New Jersey	70		33	100	3,907	8	6,981	8
New Mexico	31	[1]	37	100	2,695	42	1,002	37
New York		1,042		36	4,133	33	18,023	2
North Carolina	2	196	13	34	2,606	44	5,059	
North Dakota			0	0	2,808	39	632	46
Ohio	236	320	9	74	3,487	16	10,487	9
Oklahoma	98	86	24	100	2,860	36	2,516	27
Oregon	85 18	85	5/6	100	3,325	23	1,981	31
Pennsylvania	0 0	671	2	0	3,409	18	11,672	3
Rhode Island	0	0	0	0	3,537	14	901	39
South Carolina	72	72	32	100	2,339	48	2,638	56
South Dakota	0	0	0	0	2,916	35	899	45
Fennessee	162	262	10	62	2,553	46	3,936	17
	233	318	7	73	3,016	32	10,858	5
Utah	63	63	34	100	2,810	38	1,022	36
Vermont	48 30	48	36	100	3,017	31	420	49
Virginia	170 8	170	16	100	3,049	30	4,541	14
Washington		84	27	100	3,676	12	3,208	22
West Virginia	56	56	35	100	2,491	47	1,807	33
Wisconsin	94	188	14	50	3,407	19	4,194	16
Wyoming —	0 **	0	0	0	3.139	28	319	50
TOTAL	4.232	7.992		53%	\$3,223	1	98,863	
医一次 人名英西西美国								

Source: Journal of the American Medical Association, November 24, 1969, Vol. 210, No. 8.

TABLE 22

MEDICAL SCHOOL GRADUATES PER MILLION POPULATION, 1968-69

States	Med. School Grads in 1968-69	1969 Est. Population in 1,000s	Med. School Grads Per Million Pop.	Rank Order Column 3
Alabama	82	3,533	23	25
Alaska	0	271	. 0	. 0
Arizona	0	1,637	0	0
Arkansas	91	1,972	46	12
	473	18,992	25	24
Colorado	76	3,012	25	24
Connecticut	77	2,918	26	23
Delaware	,0	524	0	0
District of Columbia	287	808	355	1
Florida	132	6,035	22	26
Georgia	153	4,490	34	18
Hawaii	0	760	0	0
Idaho	0	701	0	0
Illinois	540	10,887	50	10
Indiana	184	5,012	37	17
Iowa	123	2,772	44	14
Kansas	112	2,281	49	11
Kentucky	147	3,201	46	12
Louisiana	242	3,663	66	5
Maine	0	982	0	0
	212	3,680	58	8
Maryland		5,434	63	6
Massachusetts	340		37	17
Michigan	318	8,608	44	14
Minnesota	159	3,625		19
Mississippi	75	2,344	58	8
Missouri	265	4,587		0
Montana	<u> </u>	699	The state of the s	
Nebraska	146	1,443	101	0
Nevada		436	0.4	0
New Hampshire	<u> </u>	691	0	
New Jersey	<u></u>	6,981	10	28 27
New Mexico	15 × 15	1,002	15	****
New York	1,042	18,023	58	8
North Carolina	196	5,059	39	16
North Dakota		632		0
Ohio	320	10,487	31 34 34 34 34 34 34 34 34 34 34 34 34 34	20
Oklahoma	98	2,516	39	16
Oregon	85	1,921	43	15
Pennsylvania	671	11,672		9 9
Rhode Island		901		
South Carolina	72	2,638	27	22



Medical School Graduates Per Million Population, 1968-69 (continued)

· · · · · · · · · · · · · · · · · · ·	•			
States	Med, School Grads in 1968-69	1969 Est. Population in 1.000s	Med. School Grads Per Million Pop.	Rank Order Column 3
South Dakota	0	668	0	0
Tennessee	262	3,936	67	4
Texas	318	10,858	29	21
Utah	63	1,022	62	7
Vermont	48	7/ 420	114	2
<b>V</b> irginia	170	4,541	37	17
Washington	84	3,208	26	23
West Virginia	56	1,807	31	20
Wisconsin	188	4,194	45	13
Wyoming	0	319	0	0
TOTAL	7,992	197,863	40	

Source: Journal of the American Medical Association, Vol. 210, No. 8, November 24, 1969.



TABLE 23

Ratio of Entering Medical Students to Population, to Bachelor's Degrees Awarded, and Per Capita Personal Income Ranking by State, 1968-69

States	Ent. Students Per 100,000 Population	in Rank Nation	Ent. Students Per 1,000 Bachelor's Degrees	Rank in Nation	Per Capita Personal Income	Rank in Nation
Alabama	3.3	44	12.5	31	\$2,329	49
Alaska	1.5	51	19.6	7 .	4,124	4
Arizona	4.3	27	11.3	36	2,983	33
Arkansas	6.1	6	22.0	5	2,304	50
California	3.4	42	12.3	32	4,012	5
Colorado	4.5	23	10.0	41	3,371	21
Connecticut	4.8	22	17.2	15	4,231	2
Delaware	3.4	43	16.4	18	3,888	9
District of Columbia	5.0	19	7.4	49	4,516	1
Florida	4.0	36	16.8	17	3,081	29
Georgia	4.2	32	17.3	14	2,743	40
Hawaii	6.0	7	22.6	4	3,514	15
Idaho	4.3	28	13.5	28	2,728	41
Illinois	5.2	15	19.0	8	3,994	6
Indiana	5	18	14.5	22	3,421	17
Iowa	5.0	20	11.4	35	3,391	20
Kansas 💮 🐁 🦈	6.0	8	14.2	23	3,333	22
Kentucky	5.4	13	17.9	10	2,597	45
Louisiana	5.0	21	17.8	11	2,615	43
Maine	2.9	49	8.1	47	2,857	37
Maryland	6.3	5	24.1	3	3,712	11
Massachusetts	4.1	34	8.8	45	3,796	10
Michigan	4.3	29	13.4	29	3,674	13
Minnesota	5.4	14	13.8	25	3,318	24
Mississippi	4.5	24	15.5	21	2,057	51
Missouri	4.0	37	12.2	33	3,220	26
Montana	3.6	41	8.8	46	2,917	34
Nebraska	8.2	1	17.1	16	3,220	27
Nevada	3.7	40	19.8	6	3,992	7
New Hampshire	3.3	45	6.7	51	3,268	25
New Jersey	6.7	4	28.7	:1	3,907	8
New Mexico	3.3	46	11.0	39	2,695	42
New York	78.1	2	24.3	2	4,133	<b>7</b> : 3
North Carolina	2.6	50	8.9	44	2,606	44
North Dakota	8.1	3	16.0	20	2,808	39
Ohio	4.3	30	13.6	27	3,487	16
Oklahoma	5.2	16	13.8	26	2.860	36
Oregon	4.5	25	11.1	38	3,325	23
Pennsylvania	5.8	9	17.4	13	3,409	18
Rhode Island	3.1	47	7.1	50	3,537	14

RATIO OF ENTERING MEDICAL STUDENTS TO POPULATION, TO BACHELOR'S DEGREES AWARDED, AND PER CAPITA PERSONAL INCOME RANKING BY STATE, 1968-69 (continued)

			*			
States	Ent. Students Per 100,000 Population	in Rank Nation	Ent. Students Per 1,000 Bachelor's Degrees	Rank in Nation	Per Capita Personal Income	Rank in Nation
South Carolina	4.3	31	18.1	9	2,339	48
South Dakota	5.5	11	10.2	40	2,916	35
Γennessee	5.5	12	17.8	12	2,553	46
Гехаs	4.0	38	14.0	24	3,016	32
Jtah	5.7	10	7.8	48	2,810	38
Vermont	5.2	17	9.7	43	3,017	31
Virginia	3.9	39	16.2	19	3,049	30
Vashington	4.1	35	11.3	37	3,676	12
Vest Virginia	4.2	33	12.9	30	2,491	47
Visconsin	4.5	26	12.2	34	3,407	19
Vyoming	3.1	48	10.0	42	3,139	28
TOTAL	4.9		15.4		\$3,223	

Source: Journal of the American Medical Association, Nov. 24, 1969, Vol. 210, No. 8.



TABLE 24
Applications to Tennessee Medical Schools by
Type of Admission Action, 1964-65
Through 1968-69

					•
Admission Action	·1964-65	1965-66	1966-67	1967-68	1968-69
University of Tennessee					
No. Enrolled	181	176	186	198	192
No. Not Accepted	258	349	462	581	749
No. Withdrew Before Action	44	41	36	5	. 0
No. Withdrew After Acceptance	42	34	40	55	48
Total Applications	525	-600	724	839	989
Per Cent From Out-of-State:					
Enrolled	23.75%	31.81%	28.49%	26.26%	20.83%
Not Accepted	67.05	77.65	85.06	87.95	85.31
Withdrew Before Action	75.00	58.53	80.55	80.00	0.00
Withdrew After Acceptance	57.14	35.29	50.00	50.90	45.83
Total Applications	52.00%	60.50%	68.37%	70.91%	70.87%
Action Taken As % Total Applic	ations:			<u> </u>	
Enrolled	34.47%	29.33%	25.69%	23.59%	19.41%
Not Accepted	49.14	58.16	63.81	69.24	75.73
Withdrew Before Action	8.38	6.83	4.97	0.59	0.00
Withdrew After Acceptance	8.00	5.66	5.52	6.55	4.85
Vanderbilt University		100			
No. Enrolled	54	53	53	58	59
No. Not Accepted	1,009	992	997	969	1,192
No. Withdrew Before Action	50	52	45	77	74
No. Withdrew After Acceptance	52	54	50	117	85
Total Applications	1,165	1,151	1,145	1,221	1,410
Per Cent From Out-of-State:					
Enrolled	66.66%	64.15%	64.15%	86.20%	77.96%
Not Accepted	95.24	96.06	94.78	95.76	94.12
Withdrew Before Action	96.00	96.15	97.77	92.20	97.29
Withdrew After Acceptance	90.38	88.88	92.00	88.88	91.76
Total Applications	93.73%	91.26%	93.36%	94.43%	93.47%
Action Taken As % Total Appli	cations:	and the second		in the second	
Enrolled	4.63%	4.60%	4.62%	4.75%	4.18%
Not Ascepted	- 86.60			79.36	84_53
Withdrew Before Action	4.29	4.51	3.93	6.30	5.24
Withdrew After Acceptance	e 4.46	4.69	4.36	9.58	6.02
		e in the second			



## Applications to Tennessee Medical Schools by Type of Admission Action, 1964-65 Through 1968-69 (continued)

Admission Action	1964-65	1005.00	1000 07	1007.00	1000 00
	1904-03	1965-66	1966-67	1967-68	1968-69
Meharry Medical College	· ·	* •	£		
No. Enrolled	62	53	72	71	72
No. Not Accepted	452	637	566	574	643
No. Withdrew Before Action	19	35	23	31	- 22
No. Withdrew After Acceptance	45	61	82	73	87
Total Applications	578	786	743	749	824
Per Cent From Out-of-State:			<del></del>		
Enrolled	91.93%	94.33%	95.83%	94.36%	94.44%
Not Accepted	97.34	97.64	98.58	97.90	96.88
Withdrew Before Action	100.00	<u> </u>	100.00	100.00	100.00
Withdrew After Acceptance	5777	90.50	96.34	98.63	97.70
Total Applications	96.88%	97.32%	98.11%	97.73%	96.84%
Action Taken As % Total Applic	ations:	1 1			
Enrolled	10.72%	6.74%	9.69%	9.47%	8.73%
Not Accepted	78.20	81.04	76.17	76.63	78.03
Withdrew Before Action	3.28	4.45	3.09	4.13	2.66
Withdrew After Acceptance	7.78	7.76	11.03	9.74	10.55
Total Medical Schools					
No. Enrolled	297	282	311	327	323
No. Not Accepted	1,719	1,978	2,025	2,124	2,584
No. Withdrew Before Action	113	128	104	113	96
No. Withdrew After Acceptance	139	149	172	245	220
Total Applications	2,268	2,537	2,612	2,809	3,223
Per Cent From Out-of-State:			-,	7,000	
Enrolled	45.79%	49.64%	50.16%	51.68%	47.67%
Not Accepted	91.56	93.32	93.62	70.15	92.26
Withdrew Before Action	88.49	84.37	92.30	93.80	97.91
Withdrew After Acceptance	82.73	79.86	84.30	83.26	84.09
Total Applications	84.87%				
		67.22%	87:78%	88.28%	87.40%
Action Taken As % Total Applica					
Enrolled	13.09%	11.11%	11.90%	11.64%	10.02%
Not Accepted	75.79	77.96	77.52	75.61	80.17
Withdrew Before Action	4.98	5.04	3.98	4.02	2.97
Withdrew After Acceptance	<del></del>	<u> 5-87</u> -	6.58	8.72 -	6.82
			and and a surre-	*,	Note that the second

Source: Association of American Medical Colleges, Computer Tape



TABLE 25

GEOGRAPHICAL SOURCE OF ENTERING MEDICAL STUDENTS IN THE SOUTHEASTERN STATES, 1960-1968

												_		:										
	69-896	% From	Home State		1	83.51%	60.66	92.30	94.25	100.00	44.44	84.14	71.71	93.79	17.51	98.83	77.63	28.37	95.65	80.47	15.06	57.00	82.35	
1	96	,	Total Enrol.	5,381	2,042	91	110	65	87	105	81	85	96	. 145	137	98	9/	148	92	210	146	214	8	
	89	=	Home State			93.25%	99.11	06'06	94.31	100.00	32.91	83.13	62.62	98.62	20.86	96.51	76.00	22.66	90.24	73.03	9.05	61.90	71.01	
	1967-68		Total I	9,479	2,026	89	113	99	. 88	105	19	83	66	145	139	98	75	150	82	204	144	210	63	
	-67	~	Home State 1	11.		93.82%	97.16	95.31	91.86	100.00	46.15	83.11	59.79	97.85	20.14	97.64	78.87	28.26	87.80	72.72	17.51	60.20	93.54	
	1966-67		Total   Enrol.	8,964	1,930	81	901	64	98	103 1	78	77	97	140	134	85	71	138	82	198	137	191	62	
	99-	% From	Home State	11 :		88.75%	98.09	83.33	91.46	00.00	51.35	82.27	00.09	97.88	9.65	93.82	81.94	30.71	93.90	68.84	19.13	64.04	80.00	
	1965-66	_	Total Enrol.	H	1,879	88	105	09	82	100 100.00	74	79	95	142	135	81	72	i 40	38	199	115	178	09	۰
	-65			11		93.75%	100.00	90.16	91.56	100.00	50.66	76.92	60.41	96.47	17.16	87.80	87.50	40.00	92.68	75.37	18.85	64.00	85.24	
	1964-65	ì	Total Enrol	8,856	1,888	8	105 1	61	53	101	75	78	96	142	134	82	72	140	82	199	122	175	61	
	-64	6 From	Total Home	11 .		96.25%	00.00	89.65	92.06	00.00	58.10	75.94	54.63	95.83	23.40	95.12	94.44	32.85	81 100,00	19.77	14.75	58.78	85.00	
	1963-64	"	Total Enrol.	8.772	1,891	80	105 100.00	58	81	100 100.00	74	79	97	144	141	82	72	140	81 1	210 77.61	122	165	09	
	-63	% From	Home State			82 96.34%	104 100.00	58 91.37	91.35	99.02	61.53	71.05	56.84	97.16	22.13	96.25	92.00	34.32	95.00	63.07	120 19.16	64.02	99.98 09	
	1962-63	6	Total Home	8.642	1.857			58	81	103	78	92	95	141 97.16	131	80	75	134	80	195	120	164	09	
	-62	6 From	Home		:100	90.00%	99.01	54 83.33	91.66	98.00	72.72	61 83.60	59.30	99.28	21.01	93.75	91.66	36.36	00.00	72.79	14.75	64.41	86.44	
	1961-62	6	Total Farol	8 483	1.826	80	92 100.00 102 99.01	1	84	100	77	19	98	140	138	80	72	132	81	195	122 14.75	163	59	
) s  -  -	19	From	Home			99.75%	00.00	86.79	98.68	99,03	55.00	85.00	87.36	90.29	21.05	96.06	85.95	33.67	00.00	7),58	15.00	59.75	97.82	
	19-0961	6	Total Home Total Home	8 2 98	1.793	88	92		82	104	75	40	95	142	133	81	69	Private 130 33.67 132 36.36	68	204	Private 125 15.00	152	د 4و	
			Ctatos			Ma. Public 89 93.75% 80 90.00%	Ark.: Public	la.: Public 53 86.79	Private 82 91.68 84 91.66	Ga.: Public 104 99.03 100 98.00	Private 75 55.00 77 72.72	Kv.: Public 40 85.00	Private 95 87.36 86 59.30	La.: Public 142 99.29 140 99.28	Private 133 21.05 138 21.01	Miss.: Public 81 95.06 80 93.75	N.C.: Fublic 69 85.95 72 91.66	Private	S.C.: Public 89 105.00 81 100.00	Fenn.: Public 204 7).58 195 72.79	Prive te	Va.: Public 152 69.75 163 64.41	W. V.: Public 46 97.82 59 86.44	
			V.V.	511	S. F.	Ala	Ark.:	Fla.:		<u>Ga</u> : 1		KV:		La.: L		Miss.	N.C.		S.C.:	Tenn.		Va.:	W. V.	
			1.15	3.75	11.	2.75	25.00		100		42.0	1.5	ta 7	4,004	4	1.22	. 1.7			15.3	11:00	100	del di	٠

Journal of the American Medical Association, Vol. 178, No. 6, November 11, 1961; Vol. 182, No. 7, November 17, 1962; Vol. 186, No. 7, November 16, 1963; Vol. 190, No. 7, November 16, 1964; Vol. 194, No. 7, November 7, 1965; Vol. 198, No. 8, November 21, 1966; Vol. 202, No. 8, November 20, 1967; Vol. 206, No. 9, November 25, 1968; Vol. 210, No. 8, November 24, 1969.

ERIC Full fext Provided by ERIC

TABLE 26

GEOGRAPHICAL SOURCE OF ENTERING MEDICAL STUDENTS FROM SOUTHEASTERN STATES, 1968-69

		A	
Residents In Public Schools Residents in Private Schools Public In Their States In Their States	Public Schools Residents in Out-of-State	Residents in Out-of-State Private Schools	
States No. Residents No Residents No	% of Total	% of Total	Total
1 000 t	Ш.		restaertes
40.43%	8.21%	2,516 25.96%	9,689
Southeastern States 1,134 61.86 277 15.11	7 4.20	345 :3.82	1,833
Alabama 76 66.09 0.00 11	9.56	28 24.35	115
Arkansas 0.00 0.00 2	1.65	10 8.26	121
Florida 82 34.31 19	7.94	78 32.64	239
Georgia 105 56.15 36 19.26 5	5 2.67	41 21.92	187
Kentucky 71 41.28 69	5 3.48	26 15.12	172
Louisiana 136 74.73 24 13.19 4	1 2.19	18 9.89	182
Mississippi 85 80.96 0.00	5.71	14 13.33	105
North Carolina 59 45.74 42 32.56 4	1 3.10	24 18.60	129
olina 88	1.76	23 20.36	113
Tennessee 169 77.53 22 10.09 4	F 1.83	23 10.55	218
Virginia 122 68.93 0 0.00 8	3 4.51	47 26.56	177
West Virginia 56 74.67 0 0.00 6	8.00	13 17.33	75

Source: Journal of the American Medical Association, November 24, 1969, Vol. 210, No. 8.

TABLL.
Acceptance of Tennessee Residents in all Medical Schools

		% Increase		eptances Applican			plicants p cceptanc	
		Over Prev.			$\overline{U, S}$ .		S. E.	$\overline{U.S.}$
Year	Applicants		Tenn. A	verage A	verage	Tenn. A	lverage A	lverage
1960-61	213		68.70%	60.99%	59.5%	1.46	1.64	1.68
1961-62	204	(4.22)%	67.54	61.24	60.4	1.48	1.63	1.66
1952-63	193	(5.39)	54.06	56.22	56.5	1.85	1.79	1.77
1963-64	253	31.08	70.67	55.99	51.3	1.42	1.79	1.95
1964-65	186	(26.48)	55.52	51.21	47.2	1.80	1.95	2.12
1965-66	184	(1.07)	58.78	50.31	48.2	1.70	1.99	2.08
1966-67	193	4.89	60.12	52.17	50.0	1.66	1.92	2.00
1967-68	213	10.36	65.13	54.99	51.8	1.54	1.82	1.93
1968-69	204	(4.22)	57.30	51.10	47.8	1.75	1.96	2.09
	ase 1968-69		1.7				•.	
over	1960-61	(4.22)%	·					

Source: Journal of Medical Education, Vol. 37, No. 11, November, 1962; Vol. 38, No. 9, September, 1963; Vol. 38, No. 12, December, 1963; Vol. 39, No. 10, October, 1964; Vol. 40, No. 11, Pt. 1, November, 1965; Vol. 42, No. 1, January, 1967; Vol. 43, No. 1, January, 1968; Vol. 43, No. 12, December, 1968. Data for 1968-69 supplied by staff of Journal of Medical Education.

TABLE 28

Applications of Tennessee Residents to all Medical Schools, 1960-63

	<b>C</b> 7	Increase		% Increase	Application	s Per Indi	vidual
Year		ver Prev.	Total pplications	Over Prev. Year	S. Tennessee	E. States	U. S.
1960-61	310		482		1.6	2.3	3.8
1961-62	302	(2.58)%	494	2.48%	1.6	2.2	- 3.7
1962-63	357	18.21	578	17.00	1.6	2.2	3.7
1963-64	358	28	590	2.07	1.6	2.3	4.0
1964-65	335	(6.42)	660	11.86	2.0	2.6	4.4
1965-66	313	(6.56)	676	2.42	2.2	2.7	4.7
1966-67	321	2.55	698	3.25	2.2	3.0	4.8
1967-68	327	1.86	669	(4.15)	2.0	3.0	5.0
1968-69	356	8.86	800	19.58	2.2	3.2	5.3
% of Increase 1968-69	ase in over 1960-61	14.83%		65.97%			_

Source: Journal of Medical Education, Vol. 37, No. 11, November, 1962; Vol. 38, No. 9, September, 1963; Vol. 38, No. 12, December, 1963; Vol. 39, No. 10, October, 1964; Vol. 40, No. 11, Pt. 1, November, 1965; Vol. 42, No. 1, January, 1967; Vol. 43, No. 1, January, 1968; Vol. 43, No. 12, December, 1968. Data for 1968-69 supplied by staff of Journal of Medical Education.



TABLE 29

Tennessee Applicants to Tennessee Medical Schools in 1968-69 Who Enrolled in Tennessee Medical Schools in 1968-69 or Were Accepted for 1969-70

	Tennessee Institutions Where Applicants Enrolled in 1968-69	stitutions	Where A	plicant	s Enrolled	961 ni		Total	Total Accepted
Total	UT	$\Lambda \Lambda$	7	MA	MMC	Total	Total Enrolled	for l	for 1969-70
Tennessee	No. % of	No.	Jo %	No.	% of	No.	10 %	No.	to %
strong the second of the second holicants	Enr. Total App.	Enr. To	ital App.	Enr. To	tal App.	Enr. 7	otal App.	Enr.	Total App.
Applied to UT only	116 54.71%			] [		116	116 54.719	10	4.72%
Applied to VU only	•	4 2	23.52%			4	23.52	3	17.65
Applied to MMC only				1	99999	-	99.9	0	00'0
Applied to UT and VU 69	36 52.17	9 13.04	3.04			45	65.21	2	2.90
Applied to UT and MMC 5	1 20.00					-	20.00	0	0.00
Applied to VU and MMC 4				3 75.00	5.00	33	75.00	0	0.00
Applied to all 3 schools						0	0.00	0	0.00
TOTAL TENNESSEE APPLICANTS 324	153 47.22%	13	4.01% 4	4	1.23%	170	52.47%	15	4.63%

Source: Association of American Medical Colleges, Computer Tape.

TABLE 30

Tennessee Applicants to Tennessee Medical Schools in 1968-69 Who Were Accepted by Out-of-State Medical Schools

	Total Tennesse Applicants	No. Accepted by Out-of-State Schools for 1968	No. Accepted by Out-of-State Schools for 1969	No.	Total Accepted by Out-of-State Medical Schools % of Total App.
Applied to UT only	212	7	3	10	4.72%
Applied to VU only	17	2	0	$\overline{2}$	11.76
Applied to MMC only	15	1	0	i	6.66
Applied to UT and VU	69	9	0	9	13.04
Applied to UT and MM	C 5	0	0	0	0.00
Applied to VU and MM		0	0	.0	0.00
Applied to All 3 Schools		0	0	0	0.00
TOTAL TENNESSEE APPLICANTS	3 <b>2</b> 4	19	3	22	6.79%

Source: Association of American Medical Colleges, Computer Tape

TABLE 31

Tennessee Applicants to Tennessee Medical Schools in 1968-69

Who Were Accepted Neither by a Tennessee School

Nor by an Out-of-State Medical School

	Total Tennessee Applicants	No. Tenn. Applicants Not Accepted	No. Not Accepted As % of Total Tenn. Applicants
Applied to UT only	212	76	35.85%
Applied to VU only	17	8	47.06
Applied to MMC only	15	13	86.67
Applied to UT and VU	69	13	18.84
Applied to UT and M		4	80.00
Applied to VU and MM			25.00
Applied to All 3 School		2	100.00
TOTAL TENNESSE APPLICANTS	E 324	117.	36.11%

Source: Association of American Medical Colleges, Computer Tape

																				٠,							:		
a crisco a constant manufacture and constant m	0	0		2	3		2		0	0	0	0		0	0	0	-	10	10	32	15	91	5	1	0	8	117	the state of the s	37
The state of the s														The second secon													The state of the s	The second secon	
The state of the s	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0			0	0	0	0	2		0
	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	-	0	0	0			0
	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0		2	0		0	0	0	0			
				•													-									ه مدعود			
	0	C	0	0	0	0	0	0	0	0	0	0		0	0	0		က	က		2	0	0	0	0	0	13		
	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	1	8	33	-	0	0	13		0    
	0	0	. 0	_	0	0	0	0	0	0	0	0		0	0	0	0	2	. 0	3	0	0	0	0	0	2	8		3
tance:	0																					7. 37 38 34 1 7 4 24							
Withdrew After Acceptance:		749 0	699 1	649	599 3	549	499 2	449	399 0	349 0		249 0	ed:	300	749 0	0 669	9:59	599 5	549 ( 15	199 23	11	9 668	349 1	0 66	749 0	nkrow	TOTAL	h MCAT	30°,
Withdrew 1	750-800	700-749	620-63	600-649	550-599	500-549	450-499	400-449	350-399	300 349	250-299	200-249	Not Accepted:	750-300	700-749	650-(	600-946	550-599	500-549	150-499	400-449	350-399	300-349	250-299	200-249	MCAT Unkrow	$T^{c}$	Total with MCAT	above 300

Source: Association of American Medical Colleges, Computer Tape



TABLE 33

Projected Number of Tennesseans Applying to Medical School and Projected Tennesseans Accepted by Medical Schools Based Upon Total Live Births 22 Years Earlier<sup>a</sup>

Year of Birth	Total Live births	Year of Med. Sch. Application	Tennesseans Applying to Medical School 22 years later	Tennesseans In Medical Schools 22 years later
Actual Medical School	l Acceptances			<del></del>
1940	55,815	1962-63	357	193
1941	59,855	1963-64	358	253
1942	65,147	1964-65	335	186
1943	70,203	1965-66	313	184
1944	68,272	1966-67	321	193
1945	64,966	1967-68	327	213
1946	77,336	1968-69	356	204
Projected Medical Sci	hool Acceptanc	es		
1947	86,619	1969-70	450	<b>27</b> 1
1948	82,127	1970-71	426	257
1949	82,854	1971-72	430	259
*950	81,376	1972-73	422	255
1951	84,312	1973-74	438	264
1952	82,280	1374-75	427	258
1955	83,170	1975-76	432	260
1954	85,834	1976-77	445	269
1955	85,037	1977-78	441	266
1956	84,958	1978-79	441	266
1957	84,076	1979-80	436	263
1958	82,760	1980-81	430	259
1959	83,152	1981-82	432	260
1960	82,036	1982-83	426	257
1961	82,248	1983-84	427	257
1962	80,974	1984-85	420	253
1963	79,932	1985-86	415	250
1964	80,286	1986-87	417	251
1965	73,050	1987-88	379	229
1966	69,078	1988-89	359	216
1967	71,559	1989-90	371	224
1968	70,000*	1990-91	363	219

<sup>&</sup>lt;sup>a</sup> The projected number of Tennesseans applying to medical school is based upon the average of 5.19 persons applying to medical school per 1,000 live births 22 years earlier. The projected number of Tennesseans accepted by medical schools is based upon the average of 3.13 persons accepted to medical school per 1,000 live births 22 years earlier.

\* Preliminary Estimate

TABLE 34

Projected Number of Tennessee Applicants to all Medical Schools and Admitted to Tennessee Schools Based on Bachelor's Degrees Awarded in Tennessee and the United States

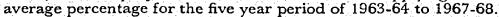
Year	U.S. Bachelor's Degrees <sup>a</sup>	Tennessee Bachelor's Degrees <sup>a</sup>	Total Tennessee Applicants <sup>b</sup>	Tennesseans in Tenn. Schools <sup>c</sup>
Actual				
1963-64	460,467	8,897	358	181
1964-65	492,984	9,616	335	173
1965-66	524,117	10,159	313	159
1966-67	562,369	10,948	321	168
1967-68	636,863	12,218	327	162
Projected				
1970	703,120	13,570	440	224
1975	950,904	18,352	595	303
1980	1,111,832	21,458	695	354
1985	1,205,080	23,258	754	384
1990	1,118,036	21,578	705	359
1995	1,255,558	24,232	785	400
2000	1,500,710	28,964	938	478

a Does Not include first professional degrees.

Source: With a slight adjustment, the U.S. projections were made by Dr. Gus Haggstrom of the Carnegie Commission, Berkeley, California. The Tennessee Projections were based upon 1.93% of the total bachelor's degrees in the U.S.—the average of the period 1963-64 to 1967-68.

The projected number of Tennessee applicants is based upon 3.24% of the projected Tennessee bachelor's degrees awarded; the average percentage over the five year period is the actual number of Tennessee applicants as a percentage of the actual number of bachelor's degrees awarded.

The projected number of Tennesseans who enroll in Tennessee schools represents 50.97% of the projected number of Tennesseans applying to medical school—the





Per Illi:  $\overline{\mathbf{M}}$ a  $\overline{\mathbf{Cal}}$ Oh Ter Dis Mi: Te Mi Lo Ma Vir Wi Nel Mi Ge Inc 170 Ke Tov Ka Ok Or ArĈ Co Soi Ve Ala ₩. Flo Ut Mi Ne  $\overline{\nabla}$ Ne

**M** 

Nev

Rank	_of.	%
Praci	fici	$n_{\mathcal{B}}$
Jue-o	of tici f-S	=
2	29	
1	1	
	1 1 1 5	<del></del>
]	15	<u></u>
2	37	-
	<b>3 1</b>	
		<del></del> · ·
	<u> </u>	<del></del>
2		
	5	·
2	36	
	32	
3	17.	<del></del> ·
	8 1 5 36 32 17	
	18	<u> </u>
	21	<u> </u>
	4	
	26	
	50	
	<u> </u>	<u> </u>
	33	<u></u>
	14.	
	<del>20</del>	
	13	
	$\frac{1}{1}$	
		<u></u> -
	<b>30</b>	
	22	
	25	
	19	
	3	
	34	
	2	<u>*</u>
	35	T 444
	23	
	27	
	<del></del>	<del></del>
	16	- 1 . 1. 1. 
	29	<u> de miles de la com</u>
	9	
	<b>7</b>	a 15-29
	10	<del></del>
	<del></del>	<del></del>
iates Mon kota,	a 🖘	
Mon	<del></del> -	, <u> </u>
kota		പ്പ
	1 L E L 1	the state of the s

Z Alumni, ERC

TABLE 36

Gain or Loss in Licentiates of 1968 as Compared With the Entering Class of 1963

States	Entering Class, 1963	Licentiates, 1968	Gain or Loss in Licentiat	and Loss in
United States	8,595	7,636	- 95	9 —
Southeastern States	1,679	1,601	<u> </u>	3
Alabama	113	69	- 4	4 37
Alaska	0.	8	· + · · ·	B 15
Arizona	33	18	<u> </u>	5 24
Arkansas	121	81	<del>- 4</del> (	35
California	571	949	. + 378	B 1
Colorado	90	54	- 30	5 33
Connecticut	114	114		) 18
Delaware	17	3	- 1ª	4 23
District of Columbia	52	71	+ 19	9 14
Florida	199	108	9	
Georgia	179	212	+ 35	
Hawaii	26	21		
Idaho	20	1	- 1	
Illinois	491	247	- 24	
Indiana	228	220	{	
Iowa	132	106	- 20	
Kansas	108	92	<u> </u>	
Kentucky	145	186	+ 4:	
Louisiana	177	236	+ 59	
Maine	27	7	20	
Maryland	166	255	+ 89	
Massachusetts	235	258	+ 23	
Michigan	367	292	75	
Minnesota	179	233	+ 54	
Mississippi	91	111	+ 20	
Missouri	144	236	+ 92	
Montana	30	4	- 26	
Nebraska	104	127	- <u>-</u> 23	
Nevada	7	8	4 1	17
New Hampshire	14	3	- 11	
New Jersey	355	53	- 302	
New Mexico	24	20	- 4	
New York	1.295	913		
North Carolina	139	178	+ 39	
North Dakota	32	6	<u> </u>	
Ohio	454	375	79	
Oklahoma	123	84	<del>- 39</del>	
Oregon	76	50	- 26	



Gain or Loss in Licentiates of 1968 as Compared With the Entering Class of 1963 (continued)

			*	
States	Entering Class, 1963	Licentiates, 1968	Gain or Loss in Licentiates	Rank of Gain and Loss in Licentiates
Pennsylvania	608	468	<del>- 140</del>	43
Rhode Island	36	14		28
South Carolina	104	69	- 35	32
South Dakota	38	7	<del>-</del> 31	31
Tennessee	205	131	<del>- 74</del>	39
Texas	359	329	- 30	30
Utah	58	38	- 20	27
Vermont	18	$\overline{42}$	+ 24	11,
Virginia	131	186	+ 55	6
Washington	106	112	+ 6	16
West Virginia	75	34	41	36
Wisconsin	172	108	<del>- 64</del>	38
Wyoming	7	2	- 5	20
U.S. Territories	0	87	+ 87	4

Source: Journal of the American Medical Association, June 16, 1969, Vol. 208, No. 11.



TABLE 37

Internships and Residencies Offered and Filled in the Southeastern States, 1968-69

	Ιī	nternships			Residencie	s
States	No. Offered	No. Filled	% Filled	No. Offered	No. Filled	% Filled
United States	13,950	10,371	74%	41,748	34,582	83%
Southeastern States	2,002	1,283	64	5,908	4,582	78
Alahama	140	89	64	360	242	67
Arkansas	60	28	47	170	128	75
Florida	276	169	61	756	682	74
Georgia	272	183	67	659	464	70
Kentucky	119	82	. 69	375	288	77
Louisiana	115	62	54	810	649	78
Mississippi	57	37	65	188	133	71
North Carolina	236	180	76	748	607	81
South Carolina	78	33	42	214	133	62
Tennessee	271	177	65	706	570	81
Virginia	281	216	77	720	552	77
West Virginia	97	27	28	202	134	66

Source: "Directory of Approved Interns and Residencies," Journal of the American Medical Association, Vol. 210, No. 8, November 24, 1969.

TABLE 38

Average Decinning Salaries of Interns and Residents, 1969

Hospitals	Avg. Beginning Salary of Interns	Avg. Beginning Salary of Residents
Baroness Erlanger, Chattanooga	\$ 7,200 FP*	\$ 8,040
U.T. Memorial Hospital, Knoxville	5,472 F	5,900
City of Memphis	4,620 FP	5,551
Baptist, Memphis	5,700 FP	6.300
Vanderbilt Affiliated, Nashville	6,000 P	6,507
Methodist, Memphis	5,400 FP	5.588
St. Joseph, Memphis	4,800 FP	5,775
Baptist, Nashville	7,200 O	7,425
Hubbard, Nashville	6,000 F	6,263
St. Thomas, Nashville	7,200 O	7,500
Veterans Admin., Memphis	<u> </u>	7,414
West Tenn. Chest Disease, Memphis	andria <del>de</del> Îmbre de de	6,240
Oak Ridge		9,000
Tenn. Psychiatric Hsp., Memphis	sel eri <del>diş</del> (belikle) be	5,016
The first of the f		

<sup>\*</sup> F=Full Maintenance

Source: "Directory of Approved Interns and Residencies," Journal of the American Medical Association, Vol. 210, No. 8, November 24, 1969.



P=Partial Maintenance

O=Without Maintenance

TABLE 39

RETENTION OF IN-STATE MEDICAL GRADUATES FOR INTERNSHIP AND RESIDENCY POSITIONS IN THE SOUTHEASTERN STATES, 1968

Region of the second of the se	Residencies	
Internships Number of Graduate	Number of Graduates Number of Graduates	
mber of Graduates		
Interning In-State %	In-State	%
United States 8,046 3,213 39.93% 23,866	9,422 35	39.47%
Southeastern States 1,611 580 36.00 4,818	1,793	37.21
Alabama	106 55	53.53
Arkansas 28.25 23.25 215	71 35	33.02
Florida 35.82 349	127 36	36.38
Georgia 41.50 489	223 45	45.60
Kentucky 153 40 26.14 304	89 26	29.27
Louisiana 242 109 109 15.04 755	311 4	41.19
Mississippi 65 21 32.30 181	79	43.64
North Carolina 207 42 20.28 651	235 36	36.09
South Carolina 66 241	97 4(	40.24
Tennessee 90 40.90 863	275 31	31.86
Virginia 72.43 454	147 35	32.37
West Virginia 59 118	33 2.	27.96

Source: Journal of the American Medical Association, November 24, 1969, Vol. 210, No. 8.